

# THE AMERICAN JOURNAL OF NURSING

VOL. XXII

DECEMBER, 1921

No. 3

## EDITORIAL COMMENT

### GOOD WILL ON EARTH

**T**HE third Armistice Day (as this is being written) is barely over and the wave of purifying spiritual fervor that swept across the country as our nation honored its heroic dead has been transmuted into a prayerful optimism regarding a favorable outcome of the epochal conference which has been called at Washington by the voice "of a war-wearied world, struggling for restoration, hungering and thirsting for better relationships, of humanity crying for relief and craving assurance of lasting peace." The nation is speaking through the mighty river of communications from individuals and organizations to those upon whom rests the grave responsibility for bringing into the world, in some tangible form, the beginnings, at least, of that empire of world righteousness that "was inherent in the teachings of Buddha, that flashed for a little while behind the sword of Islam, and that is the embodiment in earthly affairs of the life of Him" whose coming to earth we are soon to celebrate. The JOURNAL is at one with its readers in the soul stirring hope that this Christmas season may witness, through the deliberations and conclusions of the Conference, such a demonstration of "Good-will toward men" as may mean a lasting progress toward "Peace on Earth."

### ALUMNAE PUBLICATIONS\*

**O**F all the publications flowing in intermittent stream into the JOURNAL office none give such intimate touch with nurses as do the alumnae magazines. Whether they be large or small, well printed and with distinctive covers or young and struggling little messengers, products of mimeograph machines, it is a privilege to share their contents with those for whom they are especially prepared. There one finds the "family affairs," the joys and sorrows, the aspirations and achievements of the associations and their individual members. The Presbyterian Hospital School for Nurses

\* A few copies of the Quarterly Magazine may be obtained from Una Justus, 87 East 71st Street, New York City.

Alumnae Association (New York) publishes a quarterly. The July number is of such distinction that we wish every alumnae association might share it. It contains descriptions of the commencement exercises for the class of 1921 which were coincident with the ceremonies attendant upon Miss Maxwell's departure from the school. The whole number is a paean of praise for the beloved "Chief" and those who wrought with her. Straight from the heart came the words that convey so accurately to those afar off the spiritual exaltation of the members of the twenty-seven classes that passed in review, the joyous excitement over taking part in a succession of strikingly beautiful events, the poignant sadness of parting and withal the stirring pride in the rich heritage bequeathed to them, individually and collectively, by her who had so long been guide, counsellor and friend; in return for which the Alumnae, made vocal through its president, offered "unalterable allegiance to her as our guide in upholding nursing standards." The final paragraph of Miss Maxwell's "valedictory" might well be appropriated by every alumnae association, for in it she says:

My last request in handing on this work to you is that you stand together as Alumnae, that any small differences be dealt with in a fair-minded and large way, that you give your loyal support to the School and to those into whose hands the work is given, and that you stand as a model to all Alumnae.

#### SPECIAL NURSES' CONFERENCES

THE idea of staff conferences in hospitals is not new. With the increasing specialization and constant expansion of activities within the walls of our hospitals has risen the problem of keeping all workers in touch with such developments as may be of common interest. Skilful administration requires that each worker shall see his or her own work and the department of which he is a part, in its right relation to the whole. Out of this need has come an increasingly valuable plan for conferences—the value being governed by the skill of the leader and the live-mindedness of those taking part. Hospital superintendents meet frequently with the heads of departments in larger or smaller groups according to the problems open to discussion. Directors of nurses find it mutually helpful to meet with instructors, supervisors and head nurses at definite intervals for the discussion of problems arising through need of coöperation and coördination in teaching and administration. Among the personnel taking part in such conferences may frequently be found the dietitian and the director of social service. Recently we have learned of successful conferences with special nurses at which such matters were discussed as the arrangement of hours and the right relationship of "specials" to the regular staff. True coöperation must be based on

understanding! Frank and dignified discussion in conference is proving a sound and logical method of maintaining a fine *esprit de corps*.

#### EVERY NURSE CAN HELP

**E**VERY nurse knows that tuberculosis is a communicable and therefore a preventable disease and that the keynote of the campaign against the great white plague is education. Most nurses know that the the splendid work of the National, State, and Local Tuberculosis Associations is financed by the sale of Christmas seals; tiny messengers of "Good-will" that also mean better health to the nation. This year a billion seals must be sold if the work is to be carried on effectively. Let our thousands of nurses make their contribution felt, whether the individual is financially able to purchase few or many of the rollicking little "Santas" to put on Christmas mail. Let us prove our faith in our fellow workers by contributions in proportion to our means. An organization that, in seventeen years, has reduced the annual death rate from tuberculosis from 200 per 100,000 to 125 per 100,000 is surely worthy of our support in its efforts to save a still larger proportion of the lives of the 132,000 Americans who will be laid low within the coming year. Buy Christmas seals and thus help to provide the nursing, the hospital care, and the education in health habits that are such essential parts of this great Crusade. Buy Christmas Seals! Your pennies will help to save 75,000 lives. Buy Christmas Seals that other countries may continue to find our methods of fighting this great scourge a source of inspiration and guidance!

#### THE NIGHTINGALE PLAY

**E**LSEWHERE in this JOURNAL may be found a letter written by Professor Hillebrand, author of the play which won the prize of \$500 offered by the Central Council of Nursing Education and for which twenty-eight writers in fifteen states, Canada and the Canal Zone competed during the Nightingale Centennial year. That the character and achievements of Miss Nightingale provided fascinating material for the dramatist is clearly shown in the letter. The author indicates that he has made a careful character study comparable, possibly, to the Drinkwater "Lincoln." Just as some students of Lincoln's life object to the placing of emphasis on certain phases of his character to the exclusion of others, so some students of Miss Nightingale's life may object to certain elements in this interpretation. The play was not written with the thought of amateur producers, such as student nurses, in mind. Indeed, it is hoped that it may be presented by an actress of note and in such fashion that the world may come to recognize its debt to the prophetic vision of the founder of modern

nursing. The Central Council of Nursing Education is composed largely of lay members of the boards of the various schools having membership in the Council. Much of its success is due to the wise and enthusiastic leadership of Martha Wilson, whose interest in nursing began with the organization of the Vassar Training Camp. It is the hope of Miss Wilson and her forward looking colleagues, that through a widespread presentation of the play, a more general and appreciative understanding of nursing may be brought about. The play aims to show clearly the antagonisms and difficulties Miss Nightingale overcame. We hope it may be produced as the author desires, as such a play should have a marked influence in bringing about an enlightened public opinion as to community responsibility for the ever broadening nursing service that is necessary if we are to approximate our own conception of health standards.

#### NEWS ITEMS

**W**E wish to give space to all the important items of news from all parts of the country and in order to do this, we are obliged to greatly abridge such news items. Our aim is to preserve the important facts sent us, but to omit transitory details, however delightful they may be. We make an exception in regard to reports of state meetings which are given very fully, for they have a right of way. If state reports seem meagre and inadequate to members waiting anxiously for news of a meeting they could not attend, they may know that only a short report was sent to us. We are sometimes criticised for giving so much space to Army, Navy, and Public Health Service appointments, but we know from frequent testimony that the frequently isolated nurses in these services watch eagerly for the news of their associates which comes to them in this way.

Beginning with this number of the JOURNAL, we are adopting a new method of publication for births and marriages. The form is more concise than that we have used in the past, but the names of the nurses are printed in heavy face type and are arranged alphabetically, so that those looking for news of a friend may quickly find it. This method was suggested by a visitor who came into our office one day. We should welcome like suggestions from other readers whether by personal interview or by letter.

#### DR. MAYO WILL SPEAK FOR HIMSELF

**T**HE Editors take pleasure in announcing that Dr. Charles H. Mayo has accepted their invitation to present his views on nursing directly to the JOURNAL's readers. Dr. Mayo's article will appear in the January JOURNAL.

## "MARY CHRISTMAS"

(The Story of One Christmas in France in 1918)

BY MARY FLORENCE LAIRD, R.N.

*Rochester, N. Y.*

**T**HE boys all called her "Mary Christmas" because she came to our hospital two days before Christmas, but they never knew how appropriately she had been named. The twenty-third had been such a blue day. It seemed as if the sun were never going to shine again. Our hospital was most unattractive. It did not even have the saving quality of cleanliness to show for all the labor which was being put into it daily. The chief nurse had only that morning come from the headquarters hospital with its marble stairs so easily cleaned to ours with its scuffed soft wooden ones, and she did not need to say a word—we all felt it, too! Then too, we were away from the rest of the hospital group and we thought that they were getting the best of everything because they had greens, more nurses than we had, a Red Cross worker full time, and many Red Cross supplies as well as a library.

On this particular December day it seemed to the charge nurse as if all she heard was: "Say, sister, just see if you c'n find out when the D-Classers are goin' ta git movin' long home, will ya?" and "Gee, it don't seem like it was Christmas thout no snow ner turkey ner m'own folks er—" Here he was interrupted by one on crutches: "Pile of a lot a kick yo got comin' when yo kin git daown fo mess aon yo both feet. Me en Baldy here has to swallow any ole slum they wants ta shoot up. Yo ought ta be good en glad yo kin rustle fer yer own grub. Dja think the nurse here caires ta hear yer ole maath-organ grindin aout nuthin but 'Home Sweet Home' all the time? Jest can it, Bo, en ye'll git thar sooner. Won't he, 'Lemon-pie'?" "Lemon-pie" waved his hand in assent. He was flat on his back and wasn't talking much these days since he had been put in D-Class. On that day, however, he had written home that he was a "D-Class patient" and was coming home soon. He asked his mother on receipt of his letter to begin making lemon pies and not to stop until he was there. So after a month he began to mourn lest some of the pies should spoil before he got home and from that time he was dubbed "Lemon-pie."

The nurse knew how badly "Crutches" felt over having to be waited on and how hard he was trying to smooth things out for everybody. How she did wish she could bring just a bit of Christmas cheer to all those fine boys. But she was only a nurse with a limited

staff and every moment had to be spent doing the necessary things for the patients—that is, necessary from the army standpoint, not the nurses'. She should have been cheered by "Timper's" postal from "St. Agony," to which five of them had been evacuated two weeks before, because he said, "Thought your ranch was drab, but, believe me, it is heaven compared to this mud hole. Tell the rest of the bunch to stay where they are. I'd walk back on my stumps if I could just get away." This letter had a very depressing effect on the nurse, instead of cheering her.

A nasty, cold, gray drizzle turned into a heavy rain the next day. The little stove in the linen room sizzled and belched forth puffs of smoke every time the door opened. The linen was returned from the laundry too wet to put away. The nurse was trying to shake it out on the edge of the shelves but was interrupted by the Mess Sergeant who looked like a funeral. "Sister, might as well have it over! The Mess Officer says we can't have turkey for Christmas. He's sendin' ova a bunch a bunnies. Bunny-stew fer us. Ain't it tha limit?" He was evidently afraid the nurse was going to cry all over him, so he bustled out and banged the door after him. It opened again immediately. A light step sounded and the nurse looked up through a frown and a mist of tears to see a woman's figure in the Red Cross uniform outlined against the gray smoked wall. A husky voice said, "Are you the Charge Nurse? I'm 'Mary K.' I have been assigned to this hospital and I hope you'll keep me ever so busy. Guess we all want to forget we're away from home, do we not?" Her gracious smile included us all and from that minute we felt cheered. That afternoon a tree was sent over from Headquarters. In a twinkling groups of men were seated around the tables in the mess hall laughing and humming like a sewing society. Their fingers were fashioning bright colored bits of tissue paper into ornaments for the tree. Nuts were being covered with tin-foil and tied with thread. Gradually the tree was beginning to look like a real Christmas tree. Suddenly there was a whoop at the far end of the hall. A noisy shuffling, and Steinberg, a little Jew, was hoisted upon the shoulders of two giants to place a large cardboard star he had just finished on the tip of the tree. It was dunk. The tree was finished and the men were all lined up for mess. The line was broken by three patients who had been missing all afternoon. They came in with their arms loaded with mistletoe, just rollicking because they had been able to evade the M. P.'s (Military Police) all the afternoon in order to get this green for decorations.

Yes, it was Christmas Eve and "Mary Christmas" had worked a miracle in our hospital. It wasn't drab at all any more. It was seeth-

ing with life, for she had planned a programme in which everybody who could even breathe had a share. It started with Barker—Famous Memmerist. The mess-hall was ringing with peal after peal of laughter, because little Allen, under the spell of Barker's eye, was plunging around madly to escape the ants which he thought were swarming over him. In the meantime, Williams was humped over on a wooden box in the linen room, feverishly sewing wads of cotton on a red outing flannel coat for Santa Claus to wear. He had overheard the Buddy who wanted snow, and snow he must have. Pat Sullivan, "Santa Claus," had almost spoiled the whole thing in his efforts to make Williams hurry. The box he sat on threatened to give way with every move, his thread played the queerest tricks on him, it knotted with every stitch. He was quite sure thread made in America wouldn't do that. The needle ran almost through his finger and his thimble jumped right into space. At last it was finished and Pat was pinned into it with many warnings. The Marine quartette was singing its world famous song, which was the last on the programme. It was followed by a deafening volume of clapping and pounding, whistling and shrieking, long continued.

Finally there was a calm and "Mary Christmas" announced "Santa Claus!" A white-faced lad lying on the table on a stretcher called out, "Three for 'Mary Christmas'.." Again the noise was deafening and long continued. Surely she must have known how we all adored her. Her face was flaming as she held up her hand. It quieted down and Santa Claus—quite a worn-out old fellow, with a long beard and hair of finest absorbent cotton, and a bad limp—hopped out from behind the tree. On the way there he had lost his nice fat pillow of a stomach and with it had evidently gone his speech, for he hesitated and then in a high-pitched, quavering voice said, "Hello, doughboys." A moment of silence and then bedlam broke loose, for most of the so-called "Doughboys" were Marines! Santa Claus swayed a moment and saved his little Irish life by bowing grandly and continuing, "Marines, nurses and everybody." This broke the tension and a big laugh filled the hall as Santa Claus went about his official business of distributing the gifts of the Americans at home to the Americans in France.

Later, after everybody had been served cocoa and cookies and most of the patients had hobbled—munching from the contents of their socks—to their respective floors to talk it over with their "Bunkies," a group gathered around the piano where a clear tenor was singing with sweetness and fervor: "Silent Night; Holy Night," and not another sound was heard. "Mary Christmas" rushed into the linen room to hide her tears and be alone, but she bumped into

the nurse, peeling Pat Sullivan out of his Santa coat and ordering him to bed because he had a temperature.

The door closed on Pat and left the two women alone. The nurse was weeping softly because "Poor old Sharp is going to die and he has not heard one word from home for ever seven months; and Brown, the Mess Sergeant, has had a cable from home that his wife just died of flu and he is sitting in the basement staring into space. Tomorrow he has to make that awful rabbit stew, too. And just as the party was going full swing didn't Long have to be brought in raving drunk by two severe M. P.'s? I got that pass for him because he promised me he wouldn't drink another drop ever. And now he can only get drunk once more before he is put in the 'Brig'." The nurse looked up at the chuckling, but she found tears streaming down "Mary's" face. "You see, I've been here since 1914 and I know just how dreadful it all is. I was here studying music. I have spent all of my life perfecting my voice and was to have 'come out' in 1915. But when the war came, like the rest, I volunteered to serve wherever I was most needed. It fell to my lot to go to Northern France with a surgeon and, due to exposure, I had a severe attack of laryngitis. My singing voice is gone and you see how husky and uncertain my speaking voice is. I have stayed here because I thought my knowledge of French might help and I want to wear out, and not rust out." This last came with a sob. The nurse patted her hand and slipped back to Sharp, thinking as she went that it was no wonder this loving, gracious woman, so sincere and understanding, had been able to bring to us all the real spirit of Christmas so that we had instinctively called her "Mary Christmas."

---

## RED CROSS HOME NURSING CLASSES AS DEVELOPED IN DELAWARE

BY MARY A. MORAN, R.N.

*Chapter Supervisor and Director of Teaching Center, Wilmington*

**A**T this time as many chapters are developing the Red Cross Instruction Department as a public health measure and to aid in the shortage of nurses, possibly an account of the work done in the instruction department of the Delaware State Chapter might help nurses employed in other chapters. The writer took charge of the Teaching Center in February, 1918. It had been opened six months prior to this but had not developed to any great extent. At this time there was a fair amount of equipment, but not sufficient to do effective work and after four years' experience in this work, I still feel

that a great deal of time is lost by insufficient equipment. I do not approve of elaborate equipment, but a nurse should have sufficient to properly demonstrate the nursing procedures. This equipment, however, should be as near as possible like that we would find in the average home.

On reporting to the Director of the Bureau that effective work could not be done with the limited equipment on hand she gladly consented to the purchase of what I required. Many instructors have given up the work because of lack of equipment and still others have tried to teach with little or none, with the result that the course was a failure and was discontinued. All Division Directors should insist on a good equipment before sending a nurse into new territory, as organization in new districts is hard enough without lack of equipment being added to the discomforts.

During the war we confined our work principally to mothers and business women and girls in industry, but during the student nurse campaign, when the writer addressed groups of young women on this subject, she also advised others to take the Home Nursing course. In this way large numbers of young women were attracted, but the real value of it was not proven until the "Flu" epidemic in 1918, when 87 of our Home Nursing students went into the hospitals and homes and gave very valuable assistance to the graduate nurses. In one hospital during that siege there was only one nurse on duty and our aides carried on the work until the nurses were back on duty. However, after the war the majority of the Delaware towns had no nursing service and few women who had any trained knowledge of care of the sick; so the chapter decided in its peace programme to give the course free to all girls in the public schools who were fourteen years of age or older, and also to include the teachers in this programme. It was felt that, in this way, at least one member of every family would learn how to care for the sick in their homes.

The Ursuline Academy was the first high school to adopt the course, which at that time was not given free; sixteen of the senior students and fourteen of the nuns completed the course. Later, in 1919, at the request of the dean, a class was organized at the Women's College. It was so satisfactory that each year since a class is organized and taught every Monday night, beginning the middle of October until the course is completed, each class having about forty students. The public high school at Wilmington was next approached and after many letters and finally a personal talk with the principal,—which is by far the better plan,—an opportunity to address the girls was given and so many volunteered for the course that they agreed to come to the Center once a week. We do not approve of trying to teach

this course more than once a week to students who have only after-school hours to devote to it. This is also true of women in business.

Long before this our work extended outside of the Teaching Center to colored women's clubs and settlements and to the rural homes and clubs, and it was found necessary for the writer to assemble the traveling equipment, which is now pictured in A. R. C. 704, and for which vulcanized fibre cases were made later. This equipment is now generally used in chapters all over Pennsylvania, and in many other states and even in Porto Rico.

Since the public high school girls were now organized into classes, our next work was to secure the parochial school girls of fourteen years of age and over, and after a little discussion the writer proved to the Executive Committee that these girls should have the same opportunities as the public school, for the Red Cross should know no race or creed. Unfortunately, in many states this does not appear to be the case, but the Red Cross officials should insist upon giving the same opportunities to all if they live up to the spirit of the Red Cross. As each pastor was approached he was assured the nurses would not teach sex hygiene (to which they objected), and they coöperated, as did the sisters in charge, and while last year we had only four parochial schools, this year we have seven; a class from each school comes to the Teaching Center once a week, two classes being held at the same hour (3:00 p. m.), one class upstairs and one down; also a class of nuns representing the Sisters of Charity and the Benedictines, came each Saturday morning to the Teaching Center until the course was completed. Being teachers, they were given the instruction free.

Until last year all of the instruction in schools was given after school hours, but in October, 1920, after a conference with the State Supervisor of Home Economics and her teachers, I was able to present a schedule and my three instructors and I teach Home Nursing as part of the Home Economics course. We teach three times a week for a period of five and one-half weeks, grouping the towns so that a nurse teaches in one town in the forenoon and in an adjacent town in the afternoon. In addition to their salaries the Red Cross pays all of their expenses while traveling outside of Wilmington. It also supplies beds, mattresses and pillows, which were purchased at the close of the war for \$4.25 each. The schools supply bedding and launder the same. I tried this as an experiment last year and it proved very satisfactory. In fact it was received on trial last year and this year was asked for again, only more schools were included; so that now we reach twenty-six high schools three times a week and seven parochial schools once a week and the Girls Industrial School

for wayward girls once a week, Ursuline Academy once a week and we will soon have arranged for two more private schools. The sophomore girls in Home Economics are the group taught in the high schools. We could never have accomplished this amount of work but for our three sets of traveling equipment and one set at the Teaching Center. Two nurses leave the Center Monday forenoon and return on Friday night. They have Ford cars this year for the first time. The other nurse and myself teach all classes at the Center and in adjacent towns. Our work, however, is not confined to school girls, as we also have a class of mothers at a fire engine house, a group of Polish women at one of the Health Centers, a group of business girls once a week at the Teaching Center, and in any place a class is desired.

We find the school girls very much interested, and, as one of the principals put it, teaching health and Home Nursing to the future mothers is the most far reaching work of the Red Cross. In many of the schools the principals report the girls so interested they can scarcely concentrate on other branches.

In the schools the girls make wonderful posters describing the various procedures by cutting pictures from magazines and pasting on cardboard, in this way demonstrating the baby's bath, adult baths, baby bottles and milk, the lesson on foods, etc., which makes it more interesting and more easily remembered by the students.

The method of approach to Home Nursing students is different from the attitude of the average teacher in a nurses' training school. One must relax and the military discipline so prevalent in the training school should be replaced by a friendly manner. This is especially necessary in the case of the mothers of moderate education, where the nurse must come down to their plane, so to speak, and discuss their home problems in very simple language, always remembering that these are not student nurses and that one's language must be adapted accordingly, showing sympathy with their interests. With these women it is also a good plan to start in with bed making, as they will be more interested if doing something with their hands, and by degrees talks on hygiene and germ theories can be added.

Recently a physician said there was the greatest difference in going into the average home now and a few years ago. Nearly every house is equipped with a bed pan and other articles necessary in care of the sick, and the young women know how to wait on a doctor and carry out orders very intelligently. All this he attributed to these Home Nursing courses.

Many of these students have entered training schools. The superintendents report that they make very good students and that they acquire technical terms easily as a result of this course and are

ready for the wards much sooner than is the average student. Whenever we organize a class we try to secure candidates for the training schools. We make it quite plain that the course is not a professional one; but many of our students become good practical nurses who certainly are better prepared than if they had not taken the course. They go on our directory as practical nurses.

Not long ago one of the Home Economics teachers who had been a teacher in another state said, "When I heard the Red Cross nurses were to teach Home Nursing I was not a bit interested and felt it a loss of time, but I had no idea the course could be presented as you have done it and with such good equipment. Where I taught last year the Chapter donated a thousand dollars to teach Home Nursing to the girls in our classes and it was so poorly taught that the Chapter was not allowed to put it in the schools the following year." This is an example of the harm that may be done to the Red Cross by poorly equipped teachers and by allowing a nurse to teach with insufficient equipment.

If chapters wish to make a success of this work they must pay fair salaries to the nurses, give sufficient equipment and certainly allow them a month's vacation with pay during the summer months,—something which some of the chapters neglect to do. In addition, if a nurse has to teach at night she should be allowed off duty time either in the forenoon or afternoon of that day. At the end of a group of classes, another group should not be started until the papers are corrected, as it is most important to get class reports promptly to the school teachers and principal.

At one of the schools the attitude of the principal at first was that of toleration. However, one day he decided to honor the class with a visit—just as I was about to demonstrate a bed bath, at the same time giving specific reason for a knowledge of how to give a bed bath. He asked if he could remain in the room and I said, "Yes, the greater part of the time," and that I would tell him when to leave. He left, however, before I told him and a few minutes later I was surprised to see half a dozen teachers enter the class room who said they had been sent in by the principal, as he thought it a very important demonstration and wished them to be present and hoped all of his teachers would take the course. After that he often visited the room during the classes. In fact all of the principals seem to have decided to be present at these classes and in one of the schools recently the principal said our nurse's presentation of her subject was so interesting that she held the attention of every student with no effort whatever.

Our staff is now composed of a supervisor and three full time

instructors, but formerly the writer did the major part of the teaching and secured part time instructors from the Visiting Nurse Association, Tuberculosis Nurses and from the Training School; sometimes these nurses taught one or two evenings a week. This method can be used in chapters that cannot afford or have not, at first, sufficient work for a full time instructor.

If a nurse wishes to make a success of this work I can assure her it will not come at once. She should attend every teachers' institute that she possibly can and try and get in touch with teachers and principals and present the necessity of this education of girls in the school especially as a part of Home Economics, if not of the general health programme. Most of my success has come, I really believe, by never missing an opportunity to be present at these meetings.

Organization is effected in rural towns in different ways. The year after the "Flu" epidemic the writer was asked to address a club in a small town. When I arrived there they told me they wanted me to "make a speech on how to prevent the Flu." I told them I could not do that, but I could tell them how to "nurse their sick" and "prevent diseases in general." After I talked to them I organized a class of mothers. One of them was most anxious that her daughter—a school girl—should also be in the class, but we could not arrange the time, so this mother went with me to the principal of the high school and he allowed me to talk to the students after the noon intermission and I organized a class. The principal allowed me to use the Home Economics room for both classes. Of course we brought our traveling equipment. When I went to the next town they were not prepared to have a meeting, but I was asked to go to the Baptist Church where they rung the bell and the women came with their babies to the church and again I organized a class. The branch in each case supplied the bed used for these mothers' classes and that of the school girls. This method was used entirely the first year we worked in the rural towns; the nurse leaving the Teaching Center on Monday with equipment for one lesson which she taught in each town twice a day and sometimes three times—going from one town to the next—and returning on Friday evening for a fresh set of equipment to teach the next lesson. As we conduct the work in the Home Economics Department, I would like to add that the Home Economics instructors teach the chapters in our Red Cross text book on hygiene of the home, care of the sick room, and feeding the sick, and our nurses teach all of the other chapters and review after the teachers.

A file of all students is kept in the Teaching Center. The course can be taught without a Center, but in towns where there are many students the Center is advisable. It is an advantage, too, for the

nurses going to the rural towns to make the Center their headquarters and take equipment out from there.

Many graduate nurses have feared the Home Nursing course would be injurious to the nursing profession. This seems quite unjustifiable, as it forms a source of supply to the training schools. If some of these women do become practical nurses are they not better prepared than if they had not taken the course? And if there are not enough nurses for private duty, why should there be any objections, if these women are properly prepared?

Much of the success of the work is due to the whole-hearted support and coöperation of the Director of the Bureau of Hygiene, State Chapter, who never misses an opportunity to further this work by securing funds, motor service, and other assistance, and who is always ready to advance and uphold the standards of the nursing profession.

---

## MENTAL HEALTH OF CHILDREN

BY V. M. MACDONALD, R.N.

*(Continued from page 92, November JOURNAL)*

### THIRD PAPER

#### THE GROWING MIND: SUPPORT FROM CONFIDENCE, STIMULUS FROM SUCCESS

**T**HE young plant grows tall and sturdy when it is well rooted in nourishing soil and receives the stimulus of sunshine. If either element be lacking, there results but a dwarfed or distorted growth. The developing mind also needs the unfailing support of a trusted confidant, and the stimulation of gradual success in small efforts, if it is to grow to the full measure of its powers.

A child turns naturally to his mother, expecting her to listen to the story of his small interests and to explain the numberless new facts which daily crowd in on his awakening intelligence. Every mother knows the incessant "Why?" and "How?" from childish lips, indicative of an alert and growing mind. Alas! not every mother realizes that her child very soon measures the frankness or evasiveness of her replies. Information repeatedly withheld when asked for arouses a brooding curiosity more acute than any that concerns subjects frankly discussed. Every adult can look back to some such experience in childhood, and most of us can remember how long the unanswered question remained clearly defined till some perhaps less

desirable instructor enlightened us. More serious still, the first recognised evasion of the truth breaks the child's perfect trust, and deprives him of his main support.

No questions are so inevitable from children as those touching on sex and reproduction. The child of six or seven will accept as a matter of course the statement of the responsibility of the old cat for the arrival of the new kittens or of the mother rabbit for the little bunnies. A new baby arrives next door and dawning powers of inference send the child breathless with the news and eager with questions. In how many cases is he met with the story of the stork or the doctor's satchel, and silently goes away, *not believing* and with the feeling of a barrier between him and his mother. He scents a mystery and seeks information elsewhere. Sooner or later he picks up garbled or unclean hints and becomes what has been aptly called a "graduate of the hired man." The question that confronts the mother is not, "Shall or shall not my child be told early the simple facts of life?" but rather, "Shall I tell him, naturally and gradually, or shall I let some coarser person poison his mind towards one of the fundamental facts of existence?"

Modern psychiatry is uncovering the far reaching effects on the mental health of adolescents of a vicious presentation of sex matters to immature minds. This is strikingly shown in the study of juvenile delinquents by Dr. William Healy. Among boys and girls alike many instances are found of acute sex-consciousness, exaggerated shyness and much mental stress, the result of misinformation or a total lack of instruction on the subject. This mental distress may even approach mental disease, as may be seen in the following authentic case. A refined girl of fifteen had been plunged a year before into the industrial world without any sex instruction. Her fellow workers at the factory were of a coarser grain, and she could not avoid hearing suggestive and indecent stories while at work. Her natural shrinking from impurity, coupled with the shock of unexpected revelations, set up a serious mental conflict. She became greatly depressed, lost much weight, could not sleep, wept incessantly and finally was contemplating suicide. Her mother realised the cause, but said "she could not talk to a girl about things like that." The family physician considered her in the early stage of insanity, but sent her to a mental hygiene clinic. Six months of supervision by a nurse who gave her proper instruction and a wholesome point of view on sex matters, coupled with the necessary regulation of work and recreation, rescued her from mental breakdown and set her successfully in the path of normal, happy girlhood.

A boy attempting to drive a high-powered car through heavy

traffic with no knowledge of the source or control of the force carrying him forward could hardly escape unscathed. Young people flung out into life with no knowledge of the control of one of the fundamental instincts can scarcely avoid serious consequences. How intimately connected this instinct is with our mental life is readily seen in many types of mental disease where distorted sex ideas are a prominent feature. A wholesome attitude towards questions of sex is a safeguard against many difficulties of adolescence, and should be fostered from early years. It is the natural outcome of frank confidence between mother and child, accompanied by honest instruction suitable to tender years.

The tiny infant making wavering clutches at his foot gurgles with satisfaction when at last he grasps it, and promptly tries for the other foot. The mountain climber on his hard won ridge smiles and turns his steps with fresh courage to the distant summit. Success has been for both a direct stimulus to further achievement. The earliest and most natural mode of solution of problems is by trial and corrected error, so that failure may be often a definite means of education. But in the period of development of our powers repeated failure has a deadening effect.

In childhood the stimulus of success is constantly required, a fact that should not be forgotten. Has your boy failed to accomplish some new task after honest effort? Then see to it that this is offset by a second task within his powers, so that discouragement does not kill his capacity for further attempts to succeed in the first. Is he cast down because he lags behind in the arithmetic class? Set him a copy for the writing he can do so well, and then show him why he must learn the multiplication table. But desirable as frequent little successes are, the boy or girl must be shown that success is not in itself the only thing of value. Teach them that it is not the winning of the prize, but the worthy running of the race that counts most. Were this more generally impressed on school children we would not have that most deplorable of records, the annual list of girls and boys who have committed suicide because of failure in a school examination. Such tragedies reveal a shocking lack of mental guidance.

Necessary to our mental growth as is success, we could ill do without the corrective of occasional failure. Superficiality is the pitfall of those to whom success comes too easily, and full growth is not attained without difficulties to overcome. Both success and failure play a part in the healthy growth of a child's mind. With a disproportionate amount of either comes a poor result. Constant sunshine withers tender plants and unrelieved shadow produces pallid leaves. Children as well as plants need both light and shade.

## TUBERCULOSIS

*Prepared for the JOURNAL by the National Tuberculosis Association*

**T**HERE was a time, not long distant, when the word "tuberculosis" was used but little and understood still less by the general public. The term "consumption," on the other hand, had a very definite meaning in the people's imagination. It called up the vision of an emaciated person with a hollow cough and a carmine spot on each sunken cheek,—the person had a "catching" disease, and the safest way not to endanger one's life was to keep decidedly out of his way. People who nursed consumptives, so ran the fable, were almost certain to "get it" themselves. Thus far extended the knowledge of tuberculosis, and altogether the lay public and even nurses and practicing physicians stood in mighty awe of the disease which an imaginative writer had dramatically termed the Great White Plague.

Years of education, experimentation and research by specialists, however, have almost broken down the powerful barriers of ignorance and exaggerated fear. We now know that a large majority of the children under fifteen years of age are infected with the tubercle bacillus, and that the ultimate development into active disease depends to a considerable degree on food, working conditions and habits of living. Tuberculosis has certain definite symptoms, recognizable long before emaciation, expectoration, and the hectic flush betray the advanced case. Loss of weight, a persistent "cold," lasting fatigue, all these should arouse suspicion in the observer acquainted with the disease. Tuberculosis is a preventable disease, which means not only that every individual should keep himself physically fit, but that active tuberculosis must be discovered early so as to increase the patient's chances of recovery, and prevent the infection or reinfection of others.

The fact that the amount of tuberculosis is decreasing every year is due in no small measure to the increase in the number of sanatoria for the care of incipient cases. A visit to such an institution may cause the skeptic to pause and wonder if the examining physician did not, perhaps, make an error in his diagnosis; so healthy, ruddy and happy do the patients appear. Yet these are the cases who, because they recognise the importance of early treatment, have the greatest chance of recovery. There are still many nurses who hesitate to enter the tuberculosis field because of the fear of infection. With the training in sputum technic that every patient in a sanatorium receives, however, and which every attending nurse and physician thoroughly understands, the chances of infection are almost nil. For,

as the National Tuberculosis Association phrases it, "a careful consumptive is not dangerous."

The National Association advocates that student nurses be given first hand opportunity to become acquainted with the symptoms and care of tuberculosis by the establishment of tuberculosis wards in general hospitals. To raise funds for this and other educational work, the Association and its affiliated organizations are conducting the Fourteenth Annual Sale of Christmas Seals in December.

---

### EMERGENCY EXPERIENCES OF A PRIVATE DUTY NURSE

BY SERENA D. ALEXANDER, R.N.  
Asheville, N. C.

*(Continued from page 88, November JOURNAL)*

**T**HE patient grew worse; complications began to set in. I did not know there could be so many complications with pneumonia. Among the most distressing was an abdominal distension which grew constantly worse. I called the doctor's attention to this and to the fact that all my efforts to relieve it had failed. He took from his satchel a trocar and handed it to me, saying that if the condition grew worse I would have to use it. I asked how I was to use it. He replied, "Why, just sterilize it and puncture the abdomen." (Another example of the country doctor's unlimited confidence in the ability of the nurse to do anything.) "But, Doctor," I said, "I can't do that. We are not taught to do a paracentesis and I can't undertake it. I shall send for you if it becomes necessary." He replied that if it became necessary it would be too late by the time he got there, and he left me feeling very miserable, but determined not to go exploring into my patient's abdomen at hazard. At 2 a. m., I 'phoned the doctor. On hearing my report he said there was no use in his coming, there was nothing more to be done and she would probably be dead before he got there. He did not say anything more about that trocar, to my great relief, but said I might try anything I wanted to. I tried everything I had ever heard of, except puncturing the abdomen, and, in spite of it all, she rallied and after a long, hard fight, came back to health and usefulness.

For the past five years I have done office and emergency work during the three summer months for a physician located in a small mountain village which, during the season, is quite a summer resort. It is situated at the top of a steep and dangerous railroad grade and

is also on the most dangerous part of an auto highway. This puts us in the way of a good many accidents and emergencies. When possible, the doctor brings his most serious cases to Asheville to the hospital, but often this is not possible, sometimes on account of the condition of the patient and sometimes because of lack of funds.

This doctor's practice includes eye, ear, nose and throat, obstetrics, surgery, dentistry for nine months of the year, railroad surgeon's work, tubercular work and anything else that comes along. The summer visitors bring us malaria and our high class work, neurasthenia, hysteria, and all the latest ailments out.

At 6 o'clock one afternoon there was brought to the office on a stretcher made of a quilt and two poles and borne by relays of neighbors, a patient from five or six miles back in the mountains. The patient was so ill and the roads so bad that he could not be brought in any vehicle. It was appendicitis. The abscess had ruptured and a general peritonitis had set in.

"Why operate?" said the visiting doctor we called to give the ether, "he will die on the table." "Because it is his only chance, alim as it is," said my doctor. He operated, or rather he opened the abdominal cavity and let out, I am afraid to say how much pus. The intestines were bound down almost to the point of obstruction in two places and the section between looked almost gangrenous. The doctor broke up the adhesions, put in drainage tubes, and had the patient taken to a cabin next his own house while still under the ether. While we were operating, a neighbor had brought the patient's wife, baby, and household goods to town in a wagon and established them in the cabin. I have never seen people with fewer worldly goods. I stayed two nights with him and a visiting nurse stayed one. After that, I went twice a day and fixed him up and the doctor went last thing at night and first thing in the morning. The patient recovered. We dressed the wound for eight weeks, but the last two weeks the patient could come to the office. The community contributed to his support all that time. One neighbor would bring a load of wood, another a peck of potatoes, another a dozen eggs, and another milk. The dentist contributed rubber dam for the drainage tubes and the summer people would send in dainties. One day I confided to the doctor that I was desperate for clothes for Henry and feared I would have to take a surgical gown from the office to serve as night shirt, for the pus had soaked through the dressing and I had exhausted my resources. When I came back that afternoon I found the patient attired in an immaculate garment which I have always believed was the doctor's private property.

At the end of the summer he had gained twenty pounds and is now working on a section.

Another summer we operated for appendicitis in a mountain cabin. I was there only an hour before the operation and the place was so dirty I dared not do anything to raise the dust. Dust and dirt were the least of my difficulties. The flies were so numerous that the sound of their wings was like the hum of machinery. I covered everything possible with sterile towels and armed the patient's mother with a fly brush of green branches and set her to keep the flies off the incision and the doctor's hands. I removed a towel from a tray of instruments long enough for him to get what he wanted and then covered it again. When he turned to get something else, everything would be covered and perhaps I would have to lift several towels before he found it. Now if there is anything that annoys, not to say enrages a surgeon more than to have all his instruments covered every time he turns his back, I have never seen it, except once when one of our hospital surgeons sat on a sheet of fly paper we had placed on a stool to catch a stray fly. The mental anguish caused me by flies that day was enough to have proved fatal. It was pretty hard for the doctor to keep his temper, but I braved his wrath and continued to cover up just the things he wanted, and the patient made an uneventful and unexpected recovery.

At another time, I was on a case late in the fall when there were no visiting doctors to call on, when he 'phoned me to come to the office as there had been an accident and he had to amputate a leg. A big, burly negro lay on the table in all his greasy, dirty clothes, bleeding dreadfully. A young man who had had some veterinary experience at an agricultural college and the drug clerk were our assistants. The floating population of the town had gathered in front of the office and as many as could came in. When run out of the front door they leaked in the windows and back door. As the operation progressed, one after another turned and went hastily out. One big engineer did considerable talking: "When my wife was operated on to the Mission Hospital," he said, "I stayed right there all the time and I give her the ether most of the time and Dr. — said he'd just as soon have me give it as a doctor." Now I was interested in this, for the doctor had said I would have to give the ether, and he would have to get on as best he could with the drug clerk as his assistant. I very strongly did not want that drug clerk to handle my instruments, but the doctor seemed unimpressed by the engineer's qualifications as an anaesthetist, so I had to consent to the drug clerk. A little later the doctor's attention was attracted

by the silence of the engineer and looking closely at him he said, "Feeling queer, Bill? Here, somebody, lead him out before he gets in my way on the floor." The drug clerk turned his back to the field of operation and handed the things the doctor pointed out, though he got pretty white about the gills. It is wonderful what lyeol and hot water will do when you have to depend on them entirely. We find it best for emergency work for hands, instruments, and the wound itself. This patient was taken to negro town and cared for by members of his own race, except for the dressings the doctor did. There was no infection from that dirty room nor from the drug clerk. There was not even any nausea from ether on a full stomach.

I was staying with the doctor's wife once, while he was away for a few days, when a message came that the Latter baby was "mighty nigh dead, was black in the face and 'bout to have spazums." I hastened to the Latter cabin. It had two rooms, about 12 by 14. I entered the one where the baby lay in a cradle. The door and wooden shutters were closed. There was a trash burner stove in the room, red hot, and no water on it. In the room were the father, mother, little brother, grandmother, two neighbors, a dog, and two cats. The baby was not black in the face, in fact, it was very white and was sleeping heavily. Its pulse was pretty good, though rapid, and I could detect no symptoms of "spazums." They repeated the statement that it had been black in the face and about to have spasms. I asked what the doctor had said was the matter with it. They replied, "pneumonia fever." I asked if it had seemed to have very high fever when it had its spell. They said no, that the doctor had said it was not likely to have much fever with pneumonia. After this statement I despaired of getting any accurate information from them and proceeded to make my own diagnosis. I decided that the child must have come near strangling from the accumulation of mucous and lying on its back with no change of position all night. I opened the window, ran the cats and dog out, and told the neighbors that pneumonia was "catchin'," which was a delicate way of running them out. I prescribed a dose of castor oil and told them to turn the baby every half hour. When the doctor saw the baby the next afternoon, he said it had "turned the corner" and was doing nicely.

These are some of the experiences met with in country practice as I have found it. After my description, need I ask that you do not all rush into this kind of work at once and crowd me from the field?

## THE FAITH OF A LITTLE CHILD

BY MARY E. BAYLEY, R.N.

*New York City*

"DADDY, you won't have to bring me home, will you? I'll walk like other little boys?" The man addressed, busy with his own thoughts, apparently did not hear. With a little blue-eyed boy nestled against his shoulder, he hurried along the country road intent upon making the next street car. "Daddy, how far does the big doctor live?" "A long distance. We have yet to take the train." "Oh! he lives in the big city," said the child. "Daddy, why does the doctor live in the city? Is it because God put him there?" "There are more little crippled children in the city," the father answered. "Little boys like me?" "Yes, hundreds of little boys like you and also little girls." "Daddy, how many is a hundred?" "A hundred is much more than you can count. A hundred little boys and girls would more than fill this car."

"Daddy, how long have you known the doctor?" "Daddy does not know him yet, but we will know him within a few hours. Don't you remember, you heard Mrs. Johnson telling mother all about the little children she knew whom the doctor had helped so much?" Harold was apparently satisfied with the explanation, for nestling his head on his father's shoulder he went fast asleep.

It was long past noon when the nurse, stepping into the waiting room, said: "Mr. Forbes, we are ready for Harold now. Poor little angel. He has had a long wait and has been so good." Tape measure in hand, the doctor drew up a low stool and seated himself beside the examining table, studying the child for a second with that countenance, which (to those who knew him best) bespoke infinite pity. Yes, it was that! Infinite pity—made no less dim by the hand of time. For awakened, it always was, by the sight of one of the innocents felled by the pestilence,—that pestilence "which walketh in darkness and wasteth in noon day,"—the dread Infantile Paralysis. But, instantly master of his compassion, the good doctor smilingly asked: "Harold, how old are you?" "I am four, going to be five Christmas. And after that I'll be six. Then I am going to school, whether I am asked or not."

The nurse stepped forward, notebook and pencil in hand, and read the preliminary history which had been secured from the father. After this the doctor began a careful detailed test of all the involved muscles, dictating to the nurse as he proceeded, the result of each test. Then finishing the examination, he turned, but remained seated on the

stool, with his back to Harold. The father ceased his restless pacing of the room and while waiting for the verdict, drew a chair near. As was his wont, when in deep thought, the doctor sat for a few moments silently stroking his beard. Then raising his eyes and seeing on the father's face an anxious, expectant look, he ventured: "He was hit pretty hard, Mr. Forbes. Somewhat young just now for a radical operation. But when he is older, we can materially help him by muscle transplantation. I would advise waiting another year. In the meantime we can,—” But there was a tugging at the doctor's sleeve. Turning, a pair of blue eyes went searchingly to his, and with a seraphic smile that lifted those seeing almost to the heavens, Harold was saying: "Doctor, am I all well now? Can I get up and walk?" And while we who had watched struggled with our emotions, we heard a prayer. No, not such a prayer as one is accustomed to hear. But a prayer none the less. For the doctor had lifted the child to his knee, and resting his hand on the little fellow's head, spoke thus: "Little one, would that I had that power,—that power to say: 'Thy faith hath made thee whole'." Surely, the Master was right when he said: "A little child shall lead them."

---

## THE COMMUNITY NURSE AS A HEALTH FACTOR

BY ELIZABETH SELDEN, R.N.

*San Francisco, California*

THE medical profession of today aims to practice preventive rather than curative medicine; by this I mean educating the masses in the principles of right living, thus preventing the original illness as well as its recurrence. To accomplish this desirable result it will be most necessary to have the right sort of people as the educators in order that the gospel of health be taught thoroughly and correctly. There are many of these groups of educators; in fact, we find them in almost every line of work. It is the Public Health Nursing Service group of educators which interests us and especially the worker herself as a factor in health.

Medical science divides the causes of disease into two classes: the direct, and the indirect or predisposing,—such as age, sex, heredity, race, climate, habits, occupation and physical environment. Under physical environment are included bad air, impure water, overcrowding, unsanitary working conditions, underfeeding from lack of knowledge in selecting the food, or from the lack of funds

with which to purchase it. These are the very conditions which demand our closest attention, and which must be corrected or relieved if we would consider the greatest good to the greatest number. Statisticians from public health departments of large cities state that if these conditions or predisposing causes were corrected there would be a decrease of at least 75 per cent in the number of illnesses in any city. Think what this would mean to the welfare of any community!

There has been growing up in the public mind a stronger consciousness and a more positive realization of the fact that upon these properly prepared health educators will depend the salvation of communities, and that only through education in the principles of health and right living can we hope to produce healthy people. It has become more and more apparent to the medical and nursing professions, as well as to the general public, that the final test of the efficiency of such health work is not only how it handles the case which it received into its care, but what impression it makes directly or indirectly upon the whole sum of sickness and suffering in the community. From this broad social point of view the work of a community nurse can under certain circumstances be a total failure as to net educational results, while at the same time it is very efficient in the details of its immediate work, namely, the care and cure of the sick. Take for example the patient whose illness is due to insanitary housing conditions, and improper feeding. The patient receives excellent care, while ill, from the nurse, and is discharged as cured, but continues to live in the same unhealthy conditions of ignorance. In a short time the individual becomes ill a second time. This is where the work fails to function to its greatest capacity, in that it falls short of being a real and lasting service to society. It should not only cure, but preserve through education the health which it has given back to the individual. It is not only the immediate cure of the sick person that the nurse should strive to accomplish, but also the ultimate social result, that of reconstructing by means of education in the principles of right living, the entire family into a healthy, contented, enlightened group.

The influence of a community nurse is far reaching,—she functions as the nurse, in many instances social service worker, comforter in time of distress; in fact, there is scarcely a capacity in which she is not required to serve. In other words she is a friend to all people at all times. The community nurse cares for the sick, protects the well, and teaches the principles of good health to all. She watches over the expectant mother, cares for the sick in her community, is

the guardian of babies and school children, organizes boys and girls into health clubs, and most important of all, is her function as an educator.

The success or failure of the public health work in any community will depend largely upon the type of nurse in that field. It is generally felt by those in authority that the community nurse must have a thorough training, because it is essential as a basis for work along this line; also that as liberal an education as can be acquired in any direction will greatly increase the capacity of the worker. The community nurse must have good health as a foundation, in order to endure the long hours of hard work, and arduous duties. She must possess an inexhaustible store of patience, and a sense of humor, as well as an unlimited supply of tact, because each problem varies with the individual or family. She must be sincere in all things, both great and small. The ideals towards which she strives must be high, while at the same time she must be eminently practical because she must be able to face and capably handle all problems which may arise. In general, the community nurse must be a "good mixer." I do not think there is any one qualification so necessary, certainly there is not a nurse in any line of work who meets, with more kaleidoscopic rapidity, different classes of people. She must know how to meet all classes of people; she must be all things to all people. She cannot meet part in one way and part in another; she must be ready to go from a meeting of the Board of Directors to attend to the wants of some little Swedish woman who can hardly speak English, or to a little boy who receives a friendly tap on the back in lieu of any closer intimacy.

The work of the community nurse is one of the most wonderful branches of public health nursing. One cannot go into it with the idea that the hours are not long and that the work is easy; one must go into it with a love for people and a sincere desire to help humanity. A nurse cannot just treat people as cases. In community nursing work it is always the individual, the person that comes into the nurse's office, and it is just that one person. She cannot put him off; she must for the time being give her entire interest to what is uppermost in the mind of her visitor. Whatever it is, it is supreme to that person at that moment, and must be of importance to her.

Community nursing is like many other things, in that we get out of it just what we put in it. The actual quality of the nurse's personality that is built into the work is responsible to a large extent for the satisfactory results which she obtains. Success cannot be reduced to paper patterns, blue prints, or prescriptions. Knowing

what to do and how to do it is not enough. "When" is another vital word in the process of achievement. The right moment is as important as is the method. A cut and dried formula, by its very nature, is incompetent to deal with human problems. Ability to meet and deal with the unusual and unexpected is the peculiar quality of leaders. Provide the ideas and furnish the energy to promote them, and the exhaustless future will bring unlooked for results. The happiness and satisfaction which the community nurse is certain to derive from her efforts are from work well done and "results" that count for the ultimate good of her people in the community.

---

### HOW ONE NURSE CELEBRATED CHRISTMAS

BY ANNIE L. HANSEN, R.N.

*Buffalo, N. Y.*

AS Christmas drew near, Miss Angel, the Public Health Nurse of Wellsville Center grew more and more depressed. She tried to keep her thoughts from wandering to the days when she was one of a large family in far-off England, but it was impossible to entirely banish the longing for home. "If only the sound of the Christmas carols sung from home on Christmas Eve could reach me, I would feel more content and it would bring good luck," she sighed. Instead the telephone rang and an excited voice begged the nurse to come at once to Mrs. Bergman in her home five miles out of the village. Miss Angel's trustworthy Ford quickly took her to the little home in the valley, to find that the only Christmas gift expected by the Bergman family had arrived and was setting up a lusty howl. Miss Angel's own depression was forgotten as she ministered to mother and new baby, and her heart beat in sympathy with the heart-broken cry of the mother: "Oh! Nurse, I saved a little money to buy a new rug and some Christmas gifts for the children, but this new child and my sickness takes it all. Now there is no Christmas for any of us." While Miss Angel was preparing nourishment in the kitchen, she talked with Mr. Bergman and heard the oft-repeated tale of bad luck, but the sentence that pierced her heart was, "Oh! if we could only have had the tree this Christmas that we planned for, such as we used to have in the Black Forest in Germany, we could be content. The lighted tree at Christmas always brings good luck." The desire he expressed was an echo of her own, and she at once determined to bring to the Bergmans a lighted tree, and other Christmas gifts.

A small fund for such emergencies as this was at Miss Angel's

disposal, and quickly making her purchases, she packed them into her little car and started once more for the lonely house with the new born babe, as the twilight came. But even Fords are not always dependable and Miss Angel found herself a mile from the Bergmans with a stalled car.

Not far away a large contracting firm was engaged upon a piece of engineering work so important that although all the workmen were released to go to their homes for Christmas, the chief engineer was obliged to stay on guard. At twilight he sat disconsolately on the gate beside the road, when he spied what looked like a tree walking down the road. He hastened to see what it could be, and discovered little Miss Angel struggling under the weight of a Christmas tree and her big baskets. Taking her load, the young engineer proceeded with the nurse towards the Bergmans and listened to her story. "I was just thinking," said he, "how I wished I could find a home where there are little children, so I could eat Christmas supper with them, and afterwards with them put out into the snow a large dish of oatmeal with sugar and butter, as we do in my native land of Denmark. The Christmas fairies will come and eat, and it brings good luck throughout the year."

And so it came about that the Christmas tree was lighted, the Christmas dish for the fairies was placed upon the snow, and the Bergman children, Miss Angel and the engineer sang the sweet carols of Christmas outside the window where the mother and new baby lay, whilst over all waved the "Stars and Stripes" of hope and promise. Thus the customs of the old lands brought the desire of their hearts and cheered and brightened the lives of a few who, having gone through the great melting pot, had become good and loyal Americans.

The story the Christmas fairies started for the little Public Health Nurse and the big engineer is one for another Christmas.

---

#### HAND DISINFECTION

In the September issue of the *American Journal of Public Health* an article describing a series of experiments by John E. Conover, M.D., and John L. Laird, M.D., is summarized as follows: 1. Eupad, a mixture of equal parts of boric acid and chlorinated lime, is recommended as a substance to be employed in the strength of three grams (one teaspoonful) to 1000 cc. (one quart of water) for disinfecting the hands after contact with contagious diseases.

2. The properties required of such a preparation, and the essential principles on which the tests are based are described in detail.

3. The substances are grouped according to the element or radical which is credited with the germicidal action.

4. Condensed tables showing the action of Eupad and other substances examined are included.

## DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

Collaborators: *Blanche Pfefferkorn, R.N., and Grace Watson, R.N.*

### TRAINING IN COMMUNICABLE DISEASE NURSING<sup>1</sup>

BY ELIZABETH F. MILLER, R.N.

*Philadelphia Hospital for Communicable Diseases*

MUCH earnest thought has been given to the preparation of nurses to meet the demands of the new fields of service that have been opened for them in late years. Affiliations with Public Health organizations, Social Service departments, and Psychiatric Departments have been provided as means to prepare nurses for the fields of preventive work which offer unusual opportunities to those young women whose energies are bent toward constructive effort.

However, with all the consideration of their needs, there is still a field of service, rich in possibilities for teaching that remains practically untouched by the nursing profession. This opportunity is found in the wards of the communicable disease hospitals of our country.

There are many reasons that explain the apparent indifference toward this very important phase of a nurse's training. Many superintendents of training schools do not have any special knowledge of the problems in the management of the so-called "Contagious Diseases," and therefore, do not fully appreciate the part the graduate nurse must play in the control of these diseases, both in the interest of the families of prospective patients and as a civic duty to the community. There is an exaggerated fear of contracting communicable diseases; but our new ideas of contact infection in the treatment of communicable diseases, have caused a more rational attitude toward the problem and have dispelled much of the fear and dread felt formerly in connection with the nursing of these cases. The complete quarantine imposed upon the personnel in former years was another factor that discouraged nurses from taking a course or accepting a service in a communicable disease hospital. Another cause is the failure on the part of these hospitals in their respective communities to extend the facilities to training schools for nurses. Their reasons, summed up, are as follows: 1—It is more convenient and less arduous to have a continuous nursing staff than an ever changing group such as we experience in a teaching hospital. 2—Where nurses have had long continuous contact with the various infections they are less likely to fall victims to the diseases, hence, they are more useful to the hospital. 3—There is a reluctance on the part of the departments of

<sup>1</sup> Read, in a modified form, before the New York State Nurses' Association, Utica, October, 1921.

health to pay enough properly qualified instructors and supervisors to make them teaching hospitals.

This lack of stimulation often results in mediocre types of nurses remaining, sometimes for years, in one of these hospitals. Frequently we find types of attendants caring for these patients who have had no training except that which they received in the communicable disease hospital, consequently, we find the nursing departments oftentimes little more than working organizations. These conditions are not isolated incidents or peculiar to any particular hospital, but are to be found in the largest communicable disease hospitals of our country.

When we realize that these diseases are of a transmissible character, that children between the ages of 2 and 16 years are most frequently the hosts that harbor these diseases, and that these children are brought not only for nursing care, but for the purpose of isolation, it behooves us to turn our attention to this neglected phase of a nurse's training. If we can see these hospitals in the light of great public health institutions provided for the hospitalization of such patients as cannot be isolated properly in their homes, and which exist not only for isolation purposes, but as large teaching institutions where both nurses and doctors may be stimulated to greater endeavor toward preventive and research work, we realize the importance of securing the best types of nurses available. If you can visualize the conditions and opportunities of these hospitals as I have tried to picture them, you will agree that the character of the work, and the kind of patients, require nurses who are imbued with the spirit of service, who possess a high degree of intelligence and an understanding of the psychology of childhood, who have a social consciousness, and are inspired with the ideal of health promotion as well as disease prevention. Add to these some good working qualities, such as clear judgment, alertness, accuracy, activity, and responsibility and we have some conception of what a nurse in a communicable disease hospital should be.

To effect this standard, however, it is necessary to consider a course of instruction that will prepare nurses to meet this greater responsibility of helping to eradicate preventable diseases, and will help them to recognize the social and economic aspects of the whole problem of communicable diseases. In establishing such a course those intimately concerned with the problem have certain objects in mind when determining its content. 1—To secure better nursing care for the patients suffering from communicable diseases, both in the hospital, and in the community. 2—To overcome the fear of communicable diseases by an intelligent application of the knowledge of aseptic technic. 3—To inspire nurses with the ideal of concentrating their energies upon preventive measures through the

dissemination of knowledge concerning the transmission of diseases. 4—To make the nursing departments of these hospitals something more than routine working organizations, by introducing the *spirit of nursing*, and proper educational standards, thereby placing them on a dignified basis and making them suitable institutions for high types of nurses. 5—To give all nurses, especially public health nurses, school nurses, and child welfare nurses, a practical and real knowledge of communicable diseases, for one is frequently amazed at the assurance of young nurses who enter the public health field without having seen a rash, or an exudate, and whose knowledge is limited to the few classroom lectures they received while in the training school.

The time allowed for this training should be not less than three months. This allows opportunity for the following services: Scarlatina, Minor Contagion, Receiving Ward, Discharging Ward, Ambulance Service, and Diphtheria services as follows—Acute, Convalescent, Nursing of Laryngeal Diphtheria, with special duty on the intubation ward.

Hospitals that admit tuberculosis patients should aim to give a thorough course in the nursing care of tuberculosis patients, so it would not be necessary for the nurses to take special courses in tuberculosis nursing, for teaching preventive measures in one disease is a protection against all.

Hospitals conducting these courses are frequently requested to accept students for a shorter period than three months, because the students may have a few weeks for an elective service, and because they desire "a little experience in contagious diseases." In some hospitals this concession has been made; but I am sure all will agree that such perfunctory teaching and experience effects more harm than good to the nurse, and to the public whom she will later serve, because of the false sense of security which she feels in her extremely limited knowledge of these diseases. Concessions should never be made to any such appeal. This course might be repeated three times a year, omitting the summer months on account of the usual decline in the census in these hospitals, when the schools close.

The curriculum should be divided as follows: Medical lectures on Communicable Diseases, 25 hours; Classes in Nursing Technic in Communicable Diseases, 17 hours; Social Aspects of Communicable Diseases, 9 hours; Class Discussions and Quizzes, 10 hours; Excursions to Allied Public Health Activities, 18 hours,—making a total of about 79 hours. The excursions might include: 1—A trip to a Vaccine Farm; 2—A day with the School Nurse; 3—A visit to a Health Centre; 4—A visit to a Tuberculosis and a Venereal Dispensary.

The teaching staff should include physicians whose interest and

vision lead them into the wider fields of research and preventive work. The superintendent of the training school should be a nurse with vision, vigor, and the endurance to support these qualities. She should be a woman who has the capacity to carry an educational programme to a successful conclusion. The instructress of nurses should be a strong, experienced, properly qualified nurse, who is stimulating to her associates, for in no work are we so apt to fall into a monotonous routine as in a communicable disease hospital, where contacts with progressive minds, even in the best institutions are limited.

In the arrangement of the curriculum every effort should be made to correlate the lectures and classes in nursing technic, and careful attention should be given to the arrangement of the student nurses' services, for there is a great deal of routine work in a communicable disease hospital that has no educational value. This routine work can be easily supplied by paid graduate nurses and by the employment of a group of attendants.

On the first day of the students' arrival they should be given thorough personal instructions with regard to their own protection and they should be taught the technic of the gown. They should be taken to the hospital wards, to which they will be later assigned and shown every detail of technic, clean areas, etc.

The arrangement of the lectures and class work may be as follows:

- 1—Pathology of Immunity and Infection, followed by quiz.
- 2—Diphtheria, supplemented by the following classes:
  - (a) Method of Taking Cultures
  - (b) Nursing Care of Laryngeal Diphtheria
  - (c) Preparation for Intubation and Extubation
  - (d) Nasal Feeding in Cases of Paralysis
  - (e) Steam Tent, as Used in Laryngeal Diphtheria
- 3—Vincent's Angina, Tonsillitis, and Septic Sore Throat.
- 4—Complications of Nose, Throat, and Ear, in Communicable Diseases. Supplemented by the following classes:
  - (a) Tracheotomy nursing
  - (b) Oral Hygiene in Communicable Diseases, with demonstration of Throat Irrigation, Throat Sprays, and Ear Irrigations.
- 5—Scarlatina, supplemented by a visit to the wards to secure a picture of Scarlatinal complications. Class in Hot Pack as applied in Scarlatinal Nephritis.
- 6—Serum Therapy. Supplemented by a class in the Technic of Administration of Antitoxin-Toxin and Antitoxin, and other serums. This lecture is followed by an excursion to a Vaccine Farm.
- 7—Measles, Rubella. Followed by a visit to the wards to secure the picture of Koplik's Spots.
- 8—Parotitis, Influenza, and Pertussis.
- 9—Variola, Varicella, (illustrated with Lantern Slides).
- 10—Cerebro-spinal Meningitis.
- 11—Anthrax. (Clinical picture shown if case should be in the hospital.)
- 12—Poliomyelitis, Encephalitis-Lethargica. (Follow with reference readings.)

- 13—Tuberculosis. (Excursion to Tuberculosis Dispensary.)
- 14—Vaginitis, Ophthalmia. Class in demonstration of nursing technic.
- 15—Modern attitude toward disinfection and fumigation.
- 16—Trachoma.
- 17 and 18—Tropical Diseases, covering Bubonic Plague, Asiatic Cholera, Typhus Fever, Malaria, etc.
- 19—New developments in the treatment and management of Leprosy.
- 20—Relationship between the Laboratory of Hygiene, and the community. (Followed by excursion to the City Laboratory of Hygiene.)

Under the group of lectures on the social aspects of communicable diseases, we have the following: 1—The organization of the Bureau of Health. In this lecture a chart is presented, showing the various ramifications and explaining the functions of each division. 2—Regulations of Quarantine, including local, state, federal and maritime. 3—The School Nurse, and her relation to the control of communicable diseases, (followed by excursion with the School Nurse). 4—The Municipal Nurse, and her relation to the control of communicable diseases, (followed by excursion to a health centre. 5—Function of the Social Service Department, in a communicable disease hospital. 6—Management of Communicable Diseases, from the standpoint of the Public Health Nurse. 7—Management of the communicable diseases in the home, with special reference to the protection of the community. All of this theory is given in the three months; classes are grouped so that they are given on two days a week. With this arrangement no student is obliged to lose her half days for classes, and there is better continuity of nursing service on the wards.

The method of teaching includes lectures, classes, demonstrations, excursions, and the clinical method, which is more important in this work than in any other branch of nursing. Visualizing the various symptoms such as rashes, exudates, Koplik's Spots, witnessing the retraction in laryngeal diphtheria, give the student a picture of the symptoms, and is to be preferred to any other method of presentation.

Careful attention to the personal hygiene of the student nurses is indicated, and regulations concerning aseptic technic must be rigidly adhered to in the wards to insure the best results in our teaching, and to maintain the highest standard of health among the student nurses.

Students should have single rooms, because in the event of one nurse incubating a disease the unavoidable contact with the other occupant invariably results in the infection of the second nurse. Ample bathing facilities, including an adequate number of shower baths, should be provided.

The social life of the nurses in a communicable hospital should be stimulated even more than in a general hospital, for even though many of the old superstitions concerning these diseases have broken

down, there still remain in many localities, doubt and conjecture, in the minds of both the medical profession and the laity, concerning the transmission of these diseases. Even though nurses have social activities in the home, and though they are urged to invite parents and friends to visit them, they are isolated; the modern ideas of contact infection have not permeated many communities, which results in the avoidance of contact with them by their friends and, also, the geographical situation of these hospitals, which is usually on the extreme outskirts of the city, is not conducive to social activities.

*Hours.*—In order to maintain the greatest resistance to the disease by a limited period of exposure to the infection, and to allow her sufficient time for recreation, exercise, and study, the number of hours should never exceed eight per day, and including this time off duty, she should have a half day off duty each week, and a half day off duty each Sunday. The consideration of her time off duty is important for two reasons: 1—We receive third-year student nurses from general hospitals who are too frequently fatigued by a long and arduous service in the home hospital, and who are apt to become easy victims to the disease. 2—Until we can place all fundamental studies in the first two years, affiliated students must still return to the parent school for lectures, this situation plus the full curriculum she carries in a communicable disease hospital, emphasizes the need for short hours, if we hope to have the student nurses measure up to their greatest degree of usefulness, both in the hospital and in her future work, and this is always of paramount consideration, when we accept nurses to train in communicable disease nursing.

In conclusion I would bespeak the interest of every superintendent of nurses in the matter of stimulating interest among her student nurses in the matter of training in communicable disease nursing, for these reasons: 1—These patients constitute our future citizens, therefore, we have the greatest incentive to conserve the lives and promote the health of these children. 2—If our highest aim in teaching nurses is to stimulate preventive work, there is no better place to obtain this point of view, and no better opportunity to translate our purpose into action than in a hospital of this kind. 3—The contribution that the superintendents can make to this problem through their interest and moral support to the superintendents of these institutions will help to give these hospitals a dignified position in the realm of training school administration. 4—These hospitals in reality, are great civic battle fields, where all energies should be concentrated on stamping out disease, and the intelligence, or lack of intelligence, demonstrated in these hospitals, in the management and control of these diseases to a large extent determines the health of all members of a community.

## DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR  
*Director Bureau of Nursing, American Red Cross*

### REVISED PRICES ON EQUIPMENT

**I**T may interest the nurses to know that with the reduction of equipment of the Nurses' Bureau in New York there has been a revision of prices in order that the stock might be disposed of. Prices have been revised on articles on the list of equipment for Public Health Nurses as follows: White beach cloth blouses, each, \$2.75; winter ulsters, sizes 16 to 38, \$27.00; winter ulsters, sizes 40 to 46, \$41.25; reversible cloth and leather coats, \$60.50. For Divisional Directors, Assistant Directors, Traveling Instructors, and Field Supervisors: Regulation blue Norfolk suits are, sizes 16 to 38, \$37.00; sizes 40 to 46, \$44.00.

In August, notice was received from Mrs. Maud G. Moody, Manager of the Bureau of Nurses' Equipment, that there was on hand a surplus stock of suits and coats which were being sold out to the Visiting Nurses' Associations for \$35 and \$25, respectively. The reason the prices quoted on the price lists for Red Cross nurses are \$2.00 over on each of these garments in the sizes above mentioned is that the Red Cross buttons and brassards make the additional amount.

This information has already been sent out to all Divisional Directors in the American Red Cross, but is published herewith for wider circulation.

### FLORENCE NIGHTINGALE'S DOLL LOANED TO RED CROSS MUSEUM

**T**HROUGH the generosity of H. Maude Randall, class of 1909, Homeopathic Hospital, Albany, N. Y., a doll which once belonged to Florence Nightingale has been loaned for an indefinite period to the American Red Cross museum. Unfortunately the complete history of this doll has not been made available to Miss Randall, but it is known that originally there were two such dolls, one of which was given by the man who made them to Queen Victoria and the other to Florence Nightingale. The latter, still dressed as Miss Nightingale had it, was raffled off in June, 1918, at a benefit given for a British Army Hospital in Portsmouth, England. Miss Randall was the lucky winner. The doll is gaudily dressed in scarlet satin trimmed in gold braid, the costume conforming to the style worn by the Turkish women in the Crimea.

### A TRIBUTE FROM OUR ITALIAN GUESTS

**I**N a graceful letter of appreciation addressed to the Director of the American Red Cross Nursing Service, which they ask be extended by her to all Red Cross Chapters who contributed to their

entertainment, the three Italian gentlewomen who recently finished a survey of American nursing institutions and hospitals as guests of the Red Cross, summarize most interestingly their impressions of the tour.

Of the three comprising the group, Contessa Balzani was particularly interested in the organization of public health and other nursing committees; the Marchesa Firmaturi, in the baby welfare work; and Signorina Caterino Bosio, "in every form of nursing, and of the district nursing in particular." "The morning I spent in the North End Center, Boston, with a supervisor, following her in the distribution of work to the nurses in her office and clerical work,—then visiting with her in the homes of some of the patients,—has given me many valuable suggestions for the district work in our town," is the encomium she pronounces upon this phase of the science of nursing.

New York thrilled the visitors with its "wide point of view" and the variety and vastness of its problems. They deplored the tendency of the Italian immigrants to herd together in our great centers of population and expressed a deep sense of gratitude for "the intense sympathetic work that is done by competent nurses in the Italian settlements," not only in New York, but wherever congested living conditions have created the tenement house problem.

The organization of the Chicago Visiting Nurses' Association excited their admiration. "The practical, simple system acquired through long experience was made clear to us," declares the letter above referred to. "Many lessons were given to us for the work that is started in our own country."

"In Cleveland," the letter continues, "we saw the Welfare Federation through which all charities and welfare associations work as a whole. The University Center of District Nursing, the Municipal Hospital and the Sanatorium for Tuberculosis where we found an atmosphere of hopefulness, with the patients passing their days in the open air."

In addition to the nursing and hospital activities of Pittsburgh, the great steel mills and the Irene Kauffmann Settlement were included in the itinerary of the travellers.

Washington's great navy and military hospitals and the national headquarters of the Red Cross were objects of the keenest enjoyment to the group and opportunity was also given them to inspect the Soldiers' Home and visit the model Dairy Farm there, where pure milk is produced under the most hygienic conditions from a herd of some of the finest cows in the country.

"We went to Baltimore expressly to visit the Johns Hopkins Training School, that school of much tradition and dignity of which

we met many graduates during our tour," the letter goes on. "We also visited the Evergreen Home for the Blind Soldiers, conducted by the American Red Cross, in which work of much interest is being done."

In Philadelphia the party was taken to the Children's Court as well as to the points of interest included in the original itinerary.

"The existing friendship between America and Italy has been strongly cemented by this trip," is the concluding comment. "Our views on nursing have been greatly broadened. We hope that we ourselves may prove that the hospitality so generously extended by the American Red Cross to us has sown the seed of improvement in the welfare work in our country and of the more general widespread sympathy of the Italians in Italy for this great country of the United States."

#### MISS ALICE FITZGERALD IN AMERICA

**M**ISS ALICE FITZGERALD, Director of the Division of Nursing, League of Red Cross Societies, who arrived in New York September 29th, for an indefinite leave of absence, is finding much that is admirable and inspiring in the Red Cross peace programme. "This is my first visit to America for four and one-half years," says Miss Fitzgerald, "and I am profoundly impressed by the peace programme the Red Cross is carrying on. I was aware, through the Bulletins and other reports from National Headquarters, of the great work the Red Cross is doing for the Ex-Service men and in the field of public health, but when I came into personal contact with this service, at the National Convention in Columbus, and at Wilkes-Barre, my eyes were opened to the real extent and significance of this mighty undertaking and my reaction has been one of admiration and pride.

"While I was in Wilkes-Barre, where I was formerly superintendent of nurses in the City Hospital, the annual meeting of the Wyoming Valley Chapter, A. R. C., was being held, and I was given the opportunity of a "close-up" view of what the Red Cross teaching programme means among the foreign-born and in rural sections.

"Mrs. J. P. Williamson, a Red Cross nurse, has been in charge of the instruction in Home Hygiene and Care of the Sick in Wilkes-Barre and the outlying districts, and her work is a remarkable record of achievement. She is now within 18 of a total enrollment in these classes of 1,000. It was my privilege to accompany her on her rounds to three classes in three different rural settlements. These classes were made up of hard working country women, many of whom had had to bring their babies in order to attend at all. Yet they were so intensely interested and enthusiastic that they had even persuaded their husbands to put up with cold lunches, prepared beforehand, on

the days that they took their class instruction. Each woman had provided herself with a text book and the answers were enthusiastically and intelligently given.

"I carried away with me a most gratifying impression of what this instruction means in the lives and future well being of the community. Because of their preparation in Home Hygiene and Care of the Sick one thousand women will go back into their isolated homes fitted as never before to cope with the problems arising in their own families and communities.

"Another piece of work that impressed me as of inestimable value was a class in Home Hygiene and Care of the Sick for a group of foreign-born midwives. Mrs. Williamson assured me that she had found them most responsive, after their first alarm, (when they believed an effort was being made to prevent them from practising), had disappeared before the knowledge of the true purpose of the class. 'They realize now,' Mrs. Williamson explained, 'that the Red Cross Course is not interfering with their occupation, but helping to make them more fit, and therefore more valuable, in carrying it on.'"

After an official visit to National Red Cross Headquarters at Washington, Miss Fitzgerald visited Baltimore and in November returned to New York City, where she addressed the members of the American Public Health Association on the occasion of their semi-centennial meeting.

### ITEMS

**C**ABLED advices from Paris Headquarters, A. R. C., Commission to Europe, state that no more nurses will be needed for the present at least in Europe, the present personnel being sufficient to carry out the present Red Cross programme.

#### MISS DOUGLAS LEAVES NATIONAL HEADQUARTERS

**M**ISS Harriette Sheldon Douglas, who has been attached to National Headquarters since 1917, has resigned her position and leaves the first of December. A graduate of the Roosevelt Hospital, New York City, Miss Douglas volunteered in Red Cross service in December, 1917. On January 1, 1918, she was appointed Director of the Bureau of Nurses' Aides, which position she held until July of that year, when she succeeded Helen Scott Hay as Director of the Bureau of Elementary Hygiene and Home Care of the Sick. On March 1st, 1921, with the reclassification of the various departments, Miss Douglas' title became Director of Instruction in Home Hygiene and Care of the Sick, her duties remaining the same as previously.

Mrs. Isabelle Wilbur Baker, of Worcester, Mass., who succeeds Miss Douglas, is a graduate of the Rhode Island Hospital Training School, Providence, Rhode Island. She has had a varied and successful experience both in Schools of Nursing as director and more recently as nurse in charge of one of the largest teaching centers of the American Red Cross in the New England Division, in which division she has been Director of Instruction in Home Hygiene and Care of the Sick since January, 1920.

## FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR  
*Fayetteville, Pa.*

**L**ETTERS FROM ENGLAND.—From England Miss Nutting sent delightful accounts of her visits with nursing leaders. She wrote:

I saw a good deal of our good friends Mrs. Fenwick and Margaret Breay. Under Mrs. Fenwick's immediate guidance I visited the Headquarters of the Nursing Council and also the new Club of the Royal British Nursing Association. You may be sure I missed nothing. The whole picture was a delight to the eye of one who knew what it all represented. The new headquarters is a most interesting combination of dignity and charm and is at once properly official and very sweet and home-like. They were fortunate in finding a fine old house near Regent's Park of the kind one sees in London, but nowhere else in the world as far as I know. It is pleasant and spacious without and within, and while it might have been devoted purely to equipping the necessary offices for one Register a quite different element has been introduced. From the moment you enter the door to the last comfortable little suite of rooms on the top floor, you are conscious of a most inviting atmosphere. Such artistic color schemes of walls and wood-work, such exquisite bits of old furniture and those touches everywhere which speak of rare taste and loving devotion. \* \* \* I believe Mrs. Fenwick personally chose every article and superintended every nail driven. One could hardly imagine a more attractive place in which to set up the machinery that finally brings the nurse under the direction of a professional body created by the State. \* \* \* There is still a great task to be done in England and that is to find some way of uniting the two factions in nursing. I ventured to say this, in effect, at the little dinner of farewell to Miss Donaldson, who was leaving London for the Royal Infirmary, Glasgow—a nurse who, by the way, is also an Oxford University woman. The new club of the R. B. N. A. is also most attractive and American nurses in London are welcome to share its tranquil, afternoon-tea-by-the-fire atmosphere.

Seldom indeed do life-long workers and warriors see so fully the embodiment and fruition of a life-long struggle as has been the rich reward of Mrs. Fenwick and Miss Breay. And we do not doubt that kindly time will heal the wound scars left from the period of contest. Yet we believe there will always be sharply contesting and opposing groups in English nursing. It is a part of the far greater originality and diversity of personality that characterizes the British people. And would we have it reduced to a general uniformity? There might be some gain, but much, much would be lost.

## DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR

*National Organization for Public Health Nursing*

### THE FLORENCE NIGHTINGALE PLAY

**P**ROFESSOR Harold Hillebrand, whose play was awarded the prize in the Florence Nightingale Play Competition sends the following letter in response to an inquiry about the special problems he endeavored to solve in the construction of his play:

In my play on Florence Nightingale, I subordinated everyone and everything to my heroine. One would inevitably do that with Florence. She had a lordly personality. In herself she is as fine a subject for dramatic study as one could ask for, because of the many strongly marked phases, clashing phases oftentimes, of her character—confidence and weakness, tenderness and cruelty, love and jealousy, humor and vast seriousness. One could both love and fear her, and seemingly one often did. One could also hate her—I suppose Dr. Andrew Smith and Sir John Hall did hate her, piously. But if her character is rich material for the dramatist, her career is exasperating. One could presumably write a play first about the Crimea, but how narrow and false a picture that would give of the great administrator and lifelong enemy of the War Office. But if one lets in even a glimpse of the Crimea, everything else seems dusty and humdrum. It is perhaps an insoluble problem. My own attempt was a lame compromise.

When one deals with a celebrated figure, which has crystallized into an attitude, one must respect, to some degree at least, tradition. Now the most vital tradition about Florence Nightingale is summed up in Longfellow's poem, "The Lady of the Lamp"—who could have the heart to leave out the lamp? So I built the play about a purely pictorial and traditional moment—that at the end of Act III, when Florence, after a terrible day of unloading wounded soldiers, sets off in the dead of night to make her rounds of the crowded hospital, her lamp throwing a dim glory about her face. For the rest, the play is a kind of descriptive chronicle. The first three acts are close knit in time and action, carrying her from the outbreak of war to her hospital at Scutari. The last is a kind of pendant, laid two years after the war, and in it I have tried, by focussing on a duel between Florence and Lord Panmure over the reconstruction of the Medical Department of the War Office, to give a hint of the long years of untiring labor that came after the Crimea. For an understanding of Florence Nightingale that last act is necessary; from a dramatic point of view, however, I am afraid it is open to challenge.

As to "high lights," I am not sure what they are, if they exist. I think probably the third act, which represents a hospital at night during the rush of unloading wounded men, is richest in emotional and dramatic possibilities. A large part of the action there is wordless. But undoubtedly the highest light of all is Florence herself. She deserves to be.

## AN INCIDENT

*Reported by a nurse in the Division of Child Welfare and Public Health Nursing,  
State Department of Health, West Virginia*

**T**O a County towered over by three parallel ridges of mountains, where not a railroad ventured nearer than thirty miles of the county seat, where the elements frequently cause one to bow in submission, came a little Red Cross Public Health Nurse, one with a sympathetic knowledge and understanding of rural conditions. Here she met with kindly mountain and valley folk, who quietly carried on their existence in tilling the soil and grazing their stock, and where from time to time the hills gave "evidence to secretive occupation as moonshining." Upon the surface, the County gave every indication of being happy, contented, without any gross evidence of the need for the ministering hands of such a visitor. However, before very long her need was fully realized.

One day, while jogging along on horseback over a rough, narrow road, away up in one of the "hollers," she came upon a little sightless child, whose mother had been swept away by the great ravage of influenza, and whose father, a typical mountaineer, was caring for a large family of sisters and brothers, as well as tending a small, meagre farm. "Little Jennie" during her thirteen years, had attended only two terms in the one-room school, but had developed great yearning to go beyond the confines of the little school house. Jennie and the nurse soon were on very friendly terms and both finally decided that they would go far away from the mountains to visit a wonderful "Eye Doctor." It was an expensive undertaking. However, through the conscientious efforts of her school teacher, the countryside turned out to hold a "box supper," and a neat sum was obtained.

Some weeks later Jennie, accompanied by the nurse, visited an eye specialist, who, however, after a careful examination, advised the nurse to take the child to another specialist, one still greater and more skillful than himself. The delicate task of restoring Jennie's vision, and the opening up of a new world to her, was worth any price to Jennie and to her father. A long trip loomed up before the nurse and Jennie, but, undaunted, they resolved to carry on.

When Jennie boarded the train that was to pull her out of the pocket in the mountains, where she had spent her thirteen years, various queer feelings of awe and curiosity were aroused in her. What a new world she would find paralleling the two strips of steel that would guide the train carrying her to the Land of Promise! Working its way out of the valley, the train pierced certain hills, causing alternate periods of darkness and light, long tunnels that seemed as if the end would never come. Patiently one waits until

once more the clear sunlight peers through the windows. But how much sadder was this for Jennie. The whole journey to her was like a long, interminable tunnel. Her sightless eyes gave her no impression of the country which she passed by so swiftly. However, at the end of the long tunnel lay the hospital, and possibly light, light that for many years had been denied her.

Jennie followed the nurse down through the town up to the large stone building. Inside everything was painted white, bright and cheery, but to Jennie it was only a dark hole bounded by walls, as the tunnel had been bounded by rocks. Upon the second floor they stopped, and Jennie was soon under the care of the physician in one of the spacious rooms.

Some time later the doctor and the nurse carefully removed the bandages from her eyes, and slowly the realization of a new sensation, one she had never experienced before, held her rigid. Slowly the words came: "Yes, sir, Doctor, I can see *youse hand*." What a wonderful thing! After living so many years in utter darkness, the rising sun and moon, the change of the leaves in the Fall, the twitter of the birds, the budding of leaf and flower, now meant something beautiful to Jennie. Crowding in on Jennie came those impressions which year by year you and I have first enjoyed, then placed among those things called "habits." But to Jennie this never-ending film of nature pictures completely fill the child with awe and reverence.

Back they went to the pocket in the mountains, Home, the place loved, the place of good cheer, but so long only one of darkness. But now came cheer and light. Faces *known so long only by touch and sound* became living, smiling faces. What a home-coming! Everyone had heard of the miracle, and in their humble way had arranged a "Taffy Pullin'" in honor of Jennie. Everyone turned out, but most important of all were the father, the daughter and the nurse. Each occupied a warm spot in the hearts of the villagers. Would the village ever part with any of them? No, each became a part of the village, and every stranger coming across the hills hears the story of the vigilant nurse and the miracle performed on Jennie.

### ITEMS

**T**HE *Statistical Bulletin* of the Metropolitan Life Insurance Company for October (one of the most valuable bulletins, by the way, to keep one generally informed as to the trend of health and disease) asks "What is the significance of the remarkable increase in the number of deaths from typhoid fever during the months of August and September of this year? The first six months of the year closed without any indication of a check in the rate of decline for this cause of death. \* \* \* Unless there is a change in the present situation, the year 1921 will close with a higher death rate for typhoid fever than did 1920.

\* \* \* The facts for the last few months indicate that there has been a slackening in the control of this disease. \* \* \* This check in the decline of the death rate is a source of great disappointment and suggests further inquiry as to what is at the bottom of the change."

The article proceeds to enumerate possible reasons of slackening control and concludes: "We have, with good reasons, begun to look upon typhoid fever as a vanishing disease. It is obvious that there is still much work to be done, unless we are willing to continue in the unsatisfactory condition of either a stationary or a rising death rate from typhoid fever."

**T**HE Bi-Weekly reports on Health Legislation prepared by the National Health Council of which we spoke in a recent number are available for non-members of the Council. A descriptive leaflet can be obtained from the offices of the National Health Council, 411 Eighteenth Street, N. W., Washington, D. C.

The Summary for October 6th, 1921, contains the following report on Government Nursing Activities for Ex-Service Men prepared at the special request of the N. O. P. H. N., from which we quote:

"At the present time there are 214 registered nurses employed by the United States Veterans' Bureau in the care of ex-service men throughout the country. These nurses are known as "follow-up nurses" and are not employed in hospitals in the care of ex-service men, but visit the men at their homes or at other places to which they may have gone following their departure from Government hospitals. There is need for a total of 300 such nurses at the present time and plans are under way in the Veterans' Bureau to employ 86 additional nurses for this work.

"These nurses are under the direct jurisdiction of the Veterans' Bureau and their employment has begun since the creation of the Bureau under the Sweet Bill (August 9, 1921). They are appointed after taking a Civil Service Examination. The examination consists largely of filling out the application blank, showing qualifications, training and experience of the applicant and the papers are graded upon the facts shown therein.

"The circular of information describing the duties of these 'follow-up nurses' states that they are:

- a. To make reports periodically on such men as are suffering from disabilities which are liable to become aggravated.
- b. To visit and report on men absent from training on account of illness.
- c. To give advice to trainees regarding sanitary conditions.
- d. To render reports on men who break down while in training.

"There are 1,720 nurses directly under the jurisdiction of the United States Public Health Service who are engaged in the care and treatment of ex-service men in Government Hospitals. These nurses are paid out of the funds of the United States Public Health Service. Under the Veterans' Bureau Law jurisdiction is given to the Veterans' Bureau to exercise supervisory authority over these hospitals.

"There are about 1,500 additional nurses employed in institutions which have contracts with the United States Health Service to care for ex-service men. These institutions include National and Military Homes and private hospitals throughout the country. Such nurses are directly under the jurisdiction of the management of these individual institutions. Under the Sweet Law the Veterans' Bureau exercises supervisory authority over them in their care and treatment of ex-service men."

## HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPHERD GILMAN, R.N., DEPARTMENT EDITOR

### RESPONSIBILITIES OF BOARDS OF TRUSTEES AND THE COMMUNITY TO SCHOOLS OF NURSING<sup>1</sup>

BY AMY M. HILLIARD, R.N.  
*Troy, New York*

THE trustees of any school for the higher education of young women accept responsibilities not only to the student and her family, but to the public. The public has a right to expect that the graduates of such schools shall be better prepared to undertake responsibilities and to render effective service than those other members of society who have been less favored by fortune and opportunity. The parents of prospective students will give very careful consideration to the reputation of the school for maintaining high standards of education in its faculty and student body amid surroundings calculated to make for character building, and the school which stands the test of time will have gained a reputation to be envied by those who have been content with lesser ideals. Opportunity and advertising may carry a school on for a time, but no school for young women will flourish long unless it rests upon a reputation for work well done; such a reputation will be particularly required by the fathers and mothers of the community. The student seeks education because she has awakened in her the consciousness that without it she will be unable to understand or fully enjoy the life which surrounds her, that she will be able to render but a limited and unintelligent service, or she may seek it only because her parents desire its benefits for her. Whatever the reason for its seeking it is incumbent upon the Boards of Trustees to see that her confidence, that of her parents and the community at large shall not be misplaced.

The Boards of Directors of Schools of Nursing not only have all the obligations incumbent upon those who direct other schools for young women, but they have in addition, and in common with other professional schools, a very distinct obligation to the profession into which the student will seek entrance upon graduation. Unlike that of all other schools, the course of instruction must of necessity be carried on simultaneously with the work of a hospital in its care of the sick, twenty-four hours a day and seven days a week. This does not mean that the student should be on duty long hours daily for seven days a week; such a course would be not only unjust but unintelligent and in the end would defeat the objects for which the school

<sup>1</sup> Read at the annual convention of the New York State Nurses' Association, Utica, October 25, 1921.

was incorporated; as parents, friends, and the very public it was designed to serve would advise students against seeking education under such impossible conditions.

The greatest handicap that Schools of Nursing have struggled under has been and still is the lack of consideration given by the very persons who should stand strongest behind them (I mean their Board of Directors). Their need, like the need of all schools, is for a sound financial basis upon which to work. Do we expect schools for teachers to operate without funds from the municipalities or the state? Why should not such funds be available for those who are being prepared to teach health conservation and disease prevention? Why should we expect the hospital (which if well run and for the benefit of all the community must be run with a deficit) to furnish all such funds?

Schools of Nursing, at least in this country, came into being by the insistence of Boards of Directors. For a long time they received scant cordiality from either the hospitals or the medical profession. Groups of public spirited men and women insisted upon better care of the sick inside and outside hospitals and to meet this need Schools of Nursing were called into being and the earliest of them were financed by independent funds. I regret to say that due to near-sightedness, or politics or other exigencies of the situation, all except one have fallen from grace. If the School of Nursing is to do the work in the hospital and in the community that is its birthright it is high time that our Boards of Directors should look after its independent financing. Lack of money has been the chief obstacle in the path of its development and progress and has been the cause of much unnecessary sacrifice of student nurses.

All good hospitals operate with a deficit. The better the hospital, the larger the endowment or deficit. The reason is not far to seek. Only a very small proportion of even the private room patients really pay fully for what they expect. In reality a hospital is a hotel for the sick. It has all the expense of maintenance of other hotels plus that of medical attendance, nursing attendance, special departments, such as the operating rooms, the pathological laboratory, the X-Ray, radiocardiograph, metabolism, dispensary, diet kitchens, hydrotherapy, pharmacy, social service, ambulance, etc., to say nothing of additional laundry and employees. Medical and surgical supplies alone furnish a very substantial proportion of the money output, but what patient ever thinks of paying for them? In fact, what proportion of hospital patients expect to pay even the same amount for hospital accommodations as he would be obliged to pay for hotel accommodations in the same city? This is a queer form of reasoning

on the part of the public, very few of whom want to feel that they are accepting charity, but it is a view that must be taken into consideration by those who are responsible for financing hospitals and Schools of Nursing.

If the hospital is not to receive at least as much revenue from its private rooms as would be paid for accommodations of a similar character in local hotels, how can we reasonably expect it to efficiently run not only its kitchens, laundry and engine rooms, all the special departments, and in addition to find the finances for maintaining an educational institution which must be on a par with other schools of the community? I have nothing but the highest praise for the efforts that hospitals have put forth to honestly meet the obligations placed upon them and I am willing to admit, when I recall to mind the long line of splendid women who have been the product of their teachings, that they have done well, for what these women have done the hospitals have made possible. But do we continue the apprentice system in education today because some good workmen were produced by it? Have we not found a better form of education?

If the first consideration for the successful school must be that it rest upon a firm financial foundation, surely the next consideration must be given to its faculty. No school ever was or ever can be better than the leadership given it. The principal of the School of Nursing must be selected with as much care as the principal of any other professional school. She must be well educated fundamentally and professionally and in addition she must have executive ability and leadership. It is the solemn duty of the Board of Directors to find such a woman to take charge of their School of Nursing and not appoint some one because she has acceptably taken care of their children, or because she gets on well with the doctors, or is a good surgical nurse. A competent principal will draw about her women of like ability and aspirations, but she must receive the active backing of her Board of Trustees and School Committee if she is to weather the storms that are sure to arise when she must run counter to tradition, prejudice or convenience. President Hadley once said that a strong student body will make a strong faculty, but my experience and observation lead me to believe that the stronger the faculty, the more surely will a strong student body be the result. I think that the consideration given to providing adequate school accommodations, such as class rooms, laboratories, libraries, dormitories and recreation halls has resulted in the erection of some very attractive and well appointed school buildings, but such buildings are the exception rather than the rule. By coöperation with one another and with the other schools of the community, Schools of Nursing could conserve effort and avoid duplication of work, and a few of our best

schools are beginning to see the light in this direction and their leadership in coöperation for better teaching is sure to be followed by an increasing number of schools each year. No principal (no matter how able she may be) can maintain a progressive school without a strong teaching staff. Intelligent financing and coöperation with other good schools of the community will be needed in order to obtain the services of a desirable staff of instructors.

The curriculum has been given years of study by a large group of nurse educators and as a result of their collaboration the National League of Nursing Education, several years ago, published what has become known and generally accepted as the Standard Curriculum for Schools of Nursing. This can only be adopted if the school has an adequate and well qualified staff of instructors.

In this democratic country of ours much has been done and much more may be done with very limited beginnings, but a School of Nursing can not develop the nurse administrator, the public health director nor the private duty nurse that the public needs unless noble minded, level headed, well educated women enter Schools of Nursing. If the care of the sick is a community problem, which we all concede it to be, is it not a community responsibility to see that Schools of Nursing have the necessary status educationally and legally to place them on a firm foundation so that their product, the graduate nurse, will not be forced to meet on an almost equal footing the graduates of short course schools? Is it reasonable to suppose that large numbers of educated women will enter Schools of Nursing if, when graduated, they find that the public accepts the short term nurse on an equal standing?

Every short term school by its advertisements, "Be a Trained Nurse," and by its product, "the professional nurse," belittles the legitimate School of Nursing and makes just so much more difficult its maintenance and development. If such schools would be honest and place quite frankly before the public the limitations of their graduates and call them attendants or some other name that would be readily understood they could serve instead of exploiting the public.

This problem should not be left to the nurses to struggle with. If the community expects thousands of young women to go into Schools of Nursing and give two or more years of their lives taking care of the sick in hospitals, it seems to me that it is the community's responsibility to make them feel that their services are appreciated and their educational status recognized. The community has no right to complain of shortage of nurses in Schools of Nursing nor in any of the avenues of nursing work until it has fully met its responsibilities in this matter. How often do we find the community taking any active interest in recruiting students for Schools of Nursing?

Is it fair that this task, in addition to that of teaching students and supervising the care of the sick in a hospital should fall upon the principal of a School of Nursing? Is any other principal expected to carry such a heavy responsibility? The community has come to depend almost exclusively on students in Schools of Nursing to care for hospital patients practically gratuitously:—they very seldom appreciate the value in dollars and cents to the hospital of this intelligent and willing service. Viewed from the teachings of our Lord and Master, who have been the greatest philanthropists during the past fifty years in hospitals, those who have erected wonderful buildings dedicated to the care of the sick, or those who have spent the best years of their lives in giving bedside care to the sick?

Boards of Managers should acquaint themselves in detail with the essential factors for the development and maintenance of a School of Nursing; they should see that it is comfortably housed, and in connection with a hospital that has not only gained the confidence of the public, but is ranked in class "A" by the American College of Surgeons and State Board of Charities. They should see that the finances of the school will make possible the appointment of a strong teaching staff and the development of reasonable social, educational and recreational activities outside the hospital,—in other words, they should make the school a place where they will be eager to send their daughters instead of their maids.

#### WHO'S WHO IN THE NURSING WORLD

V. CLARA D. NOYES

**BIRTHPLACE:** Port Deposit, Md. **PARENTAGE:** American. **PRESENT POSITION:** Director, Department of Nursing, American Red Cross. **EDUCATION:** Private schools in Maryland and Connecticut. **GRADUATE OF:** Johns Hopkins Hospital School of Nursing, Baltimore, Md., class of 1896. **POSITIONS HELD:** Head Nurse, Johns Hopkins Hospital for one year; Superintendent of Nurses, New England Hospital for Women and Children, Boston, Mass., for four years; Superintendent of Hospital and Training School, St. Luke's Hospital, New Bedford, Mass., for nine years; General Superintendent of Training Schools, Bellevue and Allied Hospitals, New York City, for six years; Director, Bureau of Nursing Service, American Red Cross, from 1916 to summer of 1919; Acting Director, Department of Nursing, American Red Cross, for a few months; Director, Department of Nursing, American Red Cross, from summer of 1919 to Present time. **OFFICES:** President, National League of Nursing Education, from 1913 to 1916; President, Board of Directors, *American Journal of Nursing*, from 1911 to 1918; President, American Nurses' Association, from 1918 to present time; Chairman, National Committee to Secure Rank for Military Nurses, 1918-1920; Chairman, National Committee, Red Cross Nursing Service, from 1919 to present time; Chairman, Committee on Headquarters, National Nursing Associations, from 1919 to present time. **ADDITIONAL INFORMATION:** Organized School of Midwifery in New York City. While Director of Bureau of Nursing Service of the American Red Cross, organized nursing personnel of Army and Navy base hospitals, hospital and training school units and emergency detachments, assigning 20,000 Red Cross nurses to service; Decorated with the Patriotic Service Medal of the American Social Science Association and Council of the National Institute of Social Science "for services of high and inestimable value to her country and its wounded." **AUTHOR OF:** Papers on nursing subjects.

## LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to insure publication.

### A PLEA FOR THE CHURCH

**D**EAR EDITOR: I would like an opinion from some of the nurses on a subject I have been thinking about for some time. Why are nurses so indifferent to the church and Sunday school? About every two out of three nurses do not attend any service. One nurse, when I asked her to go to Sunday school, said, "Why, the roof would fall in. I haven't been inside a church door since I joined, five years ago!" One said she didn't have time, another would go another time, and others frankly said they didn't care anything about church. I have read several discussions as to why we were not able to get more nurses. Any organization that rejects Jesus Christ will never grow! By getting up a few minutes earlier on Sunday, I manage to get my patient fixed up in plenty of time to attend Sunday school. I don't stay to church, as that would keep me from my patient too long. One hour a week spent in worship will help to heal the feeling of discontent found among so many of our nurses. Our class, at the present time, is studying the origin of the Bible and every one of us looks forward, with pleasure, to Sunday morning. I wish that every nurse would go to church as often as she can and help build up the reputation of the nursing profession. We are not out to make money, but to save souls as well.

Kentucky

E. L. C.

### FURTHER COMMENT ON THE "MAYO INTERVIEW STORY"

#### I

**D**EAR EDITOR: The article written by Dr. Charles Mayo in the *Pictorial Review* was read with great interest. There has been much comment lately on the nursing problem. I fear there are few doctors in the country who really understand the nurses' position or reason for organizing. I agree with Dr. Mayo when he says, "Ministration to the sick and the dying cannot be bound by hard and fast laws." Yet, I most certainly do not agree when he says that the nurses have lost sight of the real impulse of their profession,—the alleviation of the pain of the world. Some nurses have perhaps lost sight of this impulse, but I know they are few. (Some doctors have, too, I can safely say; for I have heard one refuse to operate and refuse to make a call, because he didn't think the family had money enough to pay for his services.) I know Dr. Mayo does not wish to be unfair to nurses or their profession. Yet, I wonder if he, like many others of his profession, has ever talked it over with a real nurse, interested in her work? It is true that the charges of a graduate nurse today are beyond the ordinary working man's means; but who is it that has compelled them to raise their prices? I find that women and girls, calling themselves practical nurses, go out nursing, charging five dollars a day for medical nursing and six dollars a day for obstetrics. Not always, but usually, they know absolutely nothing of asepsis, and frequently cannot even take a temperature or count a pulse. Should, then, a girl who has spent three long years of study, hard work and self-sacrifice, work for the same? The practical nurse is not given the responsibility of the case, but a graduate is. Yet the practical is not criticized for her charges, but the graduate, charging little more, is severely criticized. For example, a doctor brought a patient into a hospital with a practical nurse on as special, who was getting \$5 a day. This doctor went to the graduate nurse in charge of that floor,

requesting that she oversee the patient, and that she see that his orders were carried out. The graduate was receiving a salary of \$80 a month. This nurse refused, and justly. She told the doctor if he could not trust the woman in charge, he should put his patient on general care; she would then gladly see that his orders were carried out and the patient given the best of care. Another doctor was employing a graduate nurse on night duty in his private hospital at a salary of \$85 per month; she had full responsibility at night of eleven patients and took care of any new cases coming during the night, working twelve hours. On day duty, he had a practical nurse helping the graduate in charge. This practical nurse could not take temperatures or give any treatments other than an enema, and knew absolutely nothing of asepsis. Yet the doctor paid her \$85 a month and her hours were but eight and a half. The night nurse, on finding this to be the case, was leaving. On hearing that the reason for her leaving was that she would not give her services for the same as untrained nurses, the doctor said he had never thought about that. Very few, I think, ever do think about it. The majority of nurses are nursing for their love of humanity. There is not a work or profession that requires longer hours, more self sacrifice, or that is any more nerve straining. I do not believe there are many nurses doing their work for just the money there is in it. I am sure that nurses do their share of charitable work as well as the medical men. Much more could be said on this subject, and if the doctors would discuss the situation with the nurses once in a while, a better understanding would be reached. I feel a nurse should work with a doctor instead of for him, but only a few give the nurse an opportunity to do this.

Wyoming

E. C. R.

## II

DEAR EDITOR: I would feel that I had failed in my duty if I did not write a few words in defense of Dr. Mayo's views regarding the nursing situation as expressed in the *Pictorial Review* for October. In the first place I do not heartily indorse everything stated in that article and accredited to Dr. Mayo, but why pick out the two or three points that are incorrect or exaggerated to fan a flame of fury and ignore the many truthful and commendable facts stated in the same article? It makes me think of the couplet—

"Two men sat behind prison bars,  
One saw mud, the other stars."

Probably those of us who know Dr. Mayo and know the principles for which he stands are inclined to see only the stars, while those who do not know him and who are over-solicitous for the prestige of the nursing profession are foundered in the mud. Having had a recent interview with Dr. Mayo on the subject of nursing and having had the privilege of knowing him for many years, I can safely say that he has not made himself perfectly clear in his interview with Miss Parkhurst and, furthermore, some readers have not read with unbiased scrutiny. Miss Parkhurst states that when Dr. Mayo said "The Nursing Union has come to be the most autocratic closed shop in the country" there crept into the kindly eyes of the great surgeon a suspicion of satire. For us who are inclined to see the stars, that qualifying statement removed the sting from the offensive expression for we know that he had in mind numerous incidents that have occurred quite recently in various parts of the country, incidents in which union methods were employed by nurses. His experiences in Washington during the war may also be responsible for the statement. Probably many nurses do not believe that those experiences justified the statement made by Dr. Mayo, but Dr. Mayo thinks otherwise—again a matter of mud and stars. As for the title, Sub-Nurse, Dr. Mayo himself expresses his dislike for the term and states very

clearly that the proper adjustment lies not in nurses and sub-nurses. So why all the furor about that? Neither does he wish the country girl to be a sub-anything. He believes the country girl to be a more stable woman, a woman who is more likely to have a true nursing spirit and his idea is to train her—not partially train her as some one understood—in the fundamentals of nursing so that she will be efficient in her own home and will be an asset in the community in which she lives. Of course not all the country girls will remain in the country and some of them will wish to specialize in nursing and practice it as a profession, but it is quite reasonable to suppose that many of them will return to the country and make their homes there. They, as well as their sisters who specialized, could do much for the alleviation of suffering in rural districts where trained nurses are practically unknown. Dr. Mayo has always insisted on a two-year course of training, but that's no sin! Are there not many well educated, right thinking nurses who believe he is right when he says that, if all that is not nursing is eliminated from the student nurse's work and her course is properly planned, she could be trained in two years? If she wishes to specialize the time must be lengthened, but Dr. Mayo has made that point clear. Dr. Mayo is quoted as saying, "What is happening with nurses today is not at all peculiar. The same evolution—or revolution, if you will, is going on all over the world, among all people and in all classes!" There, now! Has Dr. Mayo a "pick" on the nurses? At least two different times he states that the nurses are not to blame for present difficulties and in naming the factors responsible for this so called "revolt" he puts "doctors" first on the list, then second—"hospital regimens." No nurse, no matter how deeply grieved, could have said anything worse than that! As for *commercializing their services*, naturally, many nurses who are true to their profession resent such a statement but it makes it no less true in its application to a large number who are or have been exorbitant. I wish it were possible for the nurses who have taken offense at this point and who are not guilty, to hear Dr. Mayo "lecture" the members of his own profession regarding the same matter. They would derive much consolation. Commendable points in the same article that might be discussed at length are—classes in home care of the sick, public health nursing, community and Federal aid for hospitals, and intensive cultivation of things of the spirit. Why not talk about these things? I have had the privilege of reading a great many letters of approval received by Dr. Mayo since the publication of his interview. These letters are from doctors, superintendents of hospitals, and nurses, nurses who have given years of service, recent graduates and women who have given up the nurse's training because of impossible conditions and demands existing in the training schools in which they had entered. One doctor—chief surgeon in a large eastern hospital—had cards printed and distributed in the hospital and among the nurses. The cards bore the following quotation: "All the training in the world will not make a good nurse of a girl who is always thinking about herself and whose heart does not go out toward suffering humanity in a desire to ease that pain by self-sacrificing service.—Dr. C. H. Mayo." All these people who wrote thus to Dr. Mayo were impressed by the stars. Let us all read that article again and look for the stars!

Minnesota

R. N.

WANTED—A COPY OF COOK'S "LIFE OF FLORENCE NIGHTINGALE"

DEAR EDITOR: We are searching for a copy of Cook's "Life of Florence Nightingale." The publishers tell us it is out of print. Can you, through your columns, assist us in locating a copy, either new or second hand?

Memorial Hospital, Pawtucket, R. I.

MAE E. COLSTON,

Assistant Superintendent.

## AN APPRECIATION

**D**EAR EDITOR: I was recently appointed Principal of this Training School and am very much interested in the Alumnae as well as in the work of the School. I found at the last meeting that very few of our nurses were subscribing for the JOURNAL. I urged them, each and every one to subscribe for same, making clear to them the great use of the JOURNAL in keeping them informed of nursing affairs. As a result they responded splendidly and I hope, within a very short time, to send you another list with many more names. Personally, I have enjoyed the JOURNAL for a number of years and I can't see how I could ever be without it.

Massachusetts

E. M. G.

## APPRECIATION FROM A MARRIED NURSE

**D**EAR EDITOR: I received the JOURNAL from my graduation in 1915 until one year ago, when I was married. I find, without it, one loses all knowledge of new nursing methods and in fact becomes very rusty in general. Enclosed please find check for renewal of subscription.

Texas

Mrs. W. G.

## PROS AND CONS OF A SMALL HOSPITAL

**D**EAR EDITOR: By training in a *small hospital* the student has both advantages and disadvantages. She is taught some of the duties that would be otherwise performed by an interne or other individual. Among them are: Urine analysis, blood pressure, coagulation and haemoglobin tests, all of which are highly important as well as interesting. Great care must be exercised in obtaining any of these, as each helps to point toward a diagnosis and also indicates the patient's condition for an anesthetic. We also know that great care must be used in securing a specimen of urine for examination, being sure it was voided by the patient, and, if in a bottle, that the bottle was absolutely clean. To illustrate,—when handed a specimen of urine in a bottle I analysed it and found sugar, reported same to the doctor, who informed the patient of it, instructed her in her diet, handed her a prescription, and advised bringing another specimen the next morning. The patient did so and no sugar was revealed. After questioning the patient, it was found chloroform had been in the bottle containing the specimen revealing sugar. How happy the patient was to find it was only her mistake and that she could be on a free diet again! It was not her mistake; it was mine. She knew no better and I should have questioned her before making the test. The nurse is taught and drilled in economy. Economy being an important factor in the existence of small hospitals, economy of time and effort counting as much as economy of materials, helps to make the nurse valuable. Economy of time does not only mean—"Do not waste time," but "Do your work systematically." Economy of effort also means—"Use system." By so doing steps are saved as well as time. This means to have all materials in the most convenient place and placed in the most convenient manner for the purpose for which they are intended. Economy of materials is another important point. I believe one of the most wasted articles is adhesive plaster. A small piece of adhesive plaster employed unnecessarily or extravagantly for this and that soon counts up in yards. Many times in dressing a wound a narrower piece of adhesive plaster would serve the purpose just as well and would make a much neater dressing. Nurses often use it for labeling bottles. This indicates a bit of carelessness, as a neat label cannot be made from adhesive plaster. Chart paper and safety pins are also greatly wasted along with many other articles, so if economy is impressed

on the nurses and employees much will be saved. The smaller hospitals are not usually as well equipped or do not have the facilities of the larger hospital, but the nurse comes in closer contact with her patient. She soon learns to study the disposition of each patient, which is highly essential in order to know the tact to be used with that patient, for all nurses know nothing better can be done for many patients than the right tact at the right time. Of course the quality of the superintendent counts for much as well as the interest taken by the medical staff. The pupil nurses receive individual attention from the superintendent and medical staff and therefore are helped individually in their training. The disposition of the nurse is the most important factor. A nurse who is eager to learn does not stand back and depend entirely on the teacher. She will be a good nurse whether trained in a small or large hospital.

Zanesville, Ohio

A. L. C.

#### JOURNALS WANTED

DEAR EDITOR: Russia is passing through the most critical period of her history. It is a question of the life of millions, of a whole generation. Famine and epidemics are depopulating Russia, carrying off thousands of victims. The scourges of humanity,—tuberculosis and syphilis, are developing there terribly. The health of the nation is deteriorating, its strength being exhausted and moral and physical equilibrium suffering. We do not doubt for an instant the revival of the Russian people, but we see all the difficulties and understand perfectly at what a price they must recover moral and physical health. You know, dear madam, what an important part the Russian self governments (*Zemstvos*,—in rural districts and Municipalities in town) have taken before the civil war in the question of preservation of the public health. These were the organizations which bore in fact all the burden of medical service, destined to preserve public health, the care of the sick, the struggle against the epidemics, tuberculosis, etc. They created all the best system of medical service of which the most precious trait was that all questions of social hygiene and public health were never treated as philanthropic questions, but as an imperative social state duty. The Russian *Zemstvos* and Towns Relief Committee, which actually works in foreign countries now, and undertakes the most important questions of the reconstruction of Russia and their medical service has already begun studying the means by which the public health in Russia could be reestablished and indispensable medical and sanitary organizations renewed. We do not know yet when the time will come that social and public work in Russia will be possible and free. But we consider our preparatory work as quite indispensable and urgent. It is already too long since that Russia has been separated from all the new conquests of science and deprived of all the experience of civilized peoples. We need at the present moment to obtain the newest materials relating to public health, combating tuberculosis, etc. We appeal to you, begging you to help us in this work for Russia; kindly send us gratis your periodical, THE AMERICAN JOURNAL OF NURSING, for the year 1921, and if possible, 1920.

5-ter Rue du Dome,  
Paris, 16, France.

DR. N. DOLOPOLOFF,

*Care of Medical Service of Russian  
Zemstvos and Towns Relief Committee.*

Will some subscriber who is interested in Russia's appalling situation provide the back numbers of the JOURNAL requested, and also notify the JOURNAL office? Forthcoming numbers will be furnished from this office.—*The Editor.*

Fifty cents apiece will be paid for twelve copies of the JOURNAL for September, 1915 (Vol. 15, No. 12). Address Miss Georgia Schuyler, 570 Park Avenue, New York.

# NURSING NEWS AND ANNOUNCEMENTS

## THE AMERICAN NURSES' ASSOCIATION

The Board of Directors of the American Nurses' Association met at National Headquarters, New York, on November 3, nine of the thirteen members being present. The convention date was tentatively chosen as July 10-15. This must be confirmed by the other two national nursing organizations before the matter is decided. Miss Albaugh was appointed chairman of the Transportation Committee. The Fess-Capper bill for Physical Education was endorsed. It was decided to write to the committee investigating Senator Watson's utterances, protesting against his accusation of Army nurses. The directors adopted a resolution highly disapproving of any state association voting on rates to be charged by nurses in any line of work.

## THE NURSES' RELIEF FUND

Report for October, 1921

### Receipts

Previously acknowledged .....	\$8,448.04
Interest on R. R. bonds .....	20.00
Interest on Liberty bonds .....	21.25
California: Dist. 1, \$12; Dist. 2, \$5; Dist. 5, \$47; Dist. 7, \$5; Dist. 8, \$6; Dist. 9, \$24; Dist. 11, \$11; Dist. 13, \$2; Dist. 17, \$8. One individual, \$10 .....	130.00
Connecticut: Dist. 3, \$51; St. Vincent's Hospital Alumnae, Bridgeport, \$50; Conn. Training School, New Haven, \$69; Grace Hospital Alumnae, \$17; Greenwich Hospital, \$10; Danbury Hospital Alumnae, \$7; Stamford nurses, \$6; Visiting Nurse Assn., Middletown, \$2; Meriden nurses, \$6; Hartford nurses, \$16; Waterbury nurses, \$30; New Britain, one individual, \$5 .....	269.00
Illinois: Dist. 1, \$5; Dist. 5, \$10 .....	15.00
Indiana: St. Vincent's Hospital Alumnae, Indianapolis, \$82; Good Samaritan Hospital Alumnae, \$9; Union Hospital, Terre Haute, \$18; Hope Hospital, \$26; Reid Mem. Hospital, Richmond, \$10; Deaconess Hosp., Indpls., \$35; Lutheran Hosp., Ft. Wayne, \$58; St. Mary's Hosp., Evansville, one individual, \$18 .....	256.00
Kentucky: Western Dist., \$25 .....	25.00
Massachusetts: Union Hosp. Alumnae Assn., \$28 .....	28.00
Michigan: Dist. 8, \$100; State Nurses' Assn., \$79.55; Farrand Tr. School Alumnae, Dist. 1, \$115; Nicholas Hosp. Alumnae Assn., \$60 .....	354.55
Missouri: Springfield Hosp. Alumnae, \$10. Seven individuals, \$1 each, \$7 .....	17.00
New York: New York P. G. Alumnae, \$250; Jamaica Hosp. Alumnae, \$44; Dist. 10, \$5; Dist. 12, \$5; Dist. 13, \$64.95; Dist. 14, \$17.50; one individual, \$7 .....	393.45
Ohio: Dist. 4, \$2; one individual, \$1 .....	3.00
Pennsylvania: Allegheny Gen. Hosp., \$100; Dist. 7, \$100; Dist. 9, \$60; Samaritan Hosp. Alumnae, Phila., \$42; Presbyterian Hosp. Alumnae, \$25; Episcopal Hosp. Alumnae, \$25; Jefferson Hosp. Alumnae, \$50; Graduate School of Medicine, Alumnae, \$75; St. Mary's Hosp. Alumnae, Phila., \$10; Montgomery Hosp., Alumnae,	

Norristown, \$9; Mt. Sinai Hosp. Alumnae, Phila., \$33; St. Joseph's Hosp. Alumnae, \$45; Woman's College Hosp. Alumnae, \$8; Orthopedic Hosp. Alumnae, \$58; Homeopathic Hosp. Alumnae, Pittsburgh, \$10; St. Christopher's Hosp. Alumnae, \$14; Providence Hosp. Alumnae, Beaver Falls, \$10; Latrobe Hosp. Alumnae, Latrobe, \$8; St. Vincent's Hosp. Alumnae, Erie, \$10; 49 individuals, \$55		748.00
South Carolina: Dist. 5, \$10		10.00
Washington: Dist. 7, \$44		44.00
Total		<u>\$10,782.29</u>

*Disbursements*

Paid to 22 applicants	\$340.00	
Postage	11.00	
Exchange on checks	40	
		<u>351.40</u>
		\$10,430.89
Invested funds		<u>41,050.00</u>
November 1, 1921, total		<u>\$51,480.89</u>

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 14 East 50th Street, New York, and the cheques made payable to the Farmers Loan & Trust Company. For information address E. E. Golding, Chairman, 317 West 45th Street, New York. Chairmen of committees are asked to note that money orders held longer than thirty days cannot be cashed. Please forward all funds collected promptly.

M. LOUISE TWISS, *Treasurer*.

**ARMY NURSE CORPS**

In October, 1921, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To station Hospital, Fort Banks, Mass., 1st Lieut. Edna M. Rockafellow, Chief Nurse; to William Beaumont General Hospital, Fort Bliss, Texas, 1st Lieutenants Rosanna M. King and Mary E. Sheehan, Chief Nurses; to Station Hospital, Carlstrom Field, Fla., 2nd Lieutenants Winifred N. Rose and Bertha L. Stoll; to Station Hospital, Camp Dix, N. J., 1st Lieut. Katherine C. Hannan, Chief Nurse; to Tripler General Hospital, Honolulu, H. T., 2nd Lieut. Ethel F. Carson; to Fitzsimons General Hospital, Denver Colo., 2nd Lieut. Anna E. Thorpe; to Letterman General Hospital, San Francisco, Calif., 1st Lieut. Mary B. C. Reebel, Chief Nurse, and 2nd Lieutenants Nina Dandola, Lynn C. Freeland, Louise M. Fuchs, Mildred Johnson, Nellie E. McGovern, Theresa A. Wilson, Helen R. Reed, Anna Motl; to Station Hospital, Camp Meade, Md., 1st Lieut. Emmeline Cleeland, Chief Nurse, and 2nd Lieutenants Nellie Butcher, Edna L. Caley and Margaret Singleton; to the Philippine Department, Dora M. Askew, Florence M. Evert, Gertrude S. Evert and Mabel M. Ford; to Station Hospital, Fort Totten, N. Y., 2nd Lieut. Gertrude F. Murphy; to Walter Reed General Hospital, Takoma Park, D. C., 2nd Lieutenants Mina A. Aasen, Nettie H. Erdenberger and Jeanette E. Lathrop.

Orders have been issued for the separation from the service of the following: 1st Lieutenants Elizabeth J. Kenny and Alice A. Rowe, Chief Nurses, and 2nd

Lieutenants Caroline L. Holland, Harriet E. Kingston, Eva S. Chapline, Eva G. Curoviah, Harriet A. Beach, Agnes McD. Baird, Ida M. McNeff, Jennie A. Jaeger, Mildred E. Lachman, Mary Lord, Esther Gibson, Ethel E. Peters, A. Marie Olsen, Emma Hornberger, Bernadine R. Doudiken, Lilla M. Lawrence, Agnes C. Lynch, Margaret E. Taylor, Clara M. Bowman, Mary B. White, Prudence M. Cudworth, Mary M. Abbott, Lucy E. Montgomery, Mary Dittus, Nellie Cudahy, Helen M. Wadsworth, Ethel Taylor, Florence B. A. Agostini, Susan Elizabeth Littlepage, Lena Gast, Eleanor C. West, Anna E. Walsh, Alma T. Skoog.

Orders assigning 2nd Lieutenants Lura G. Heath and Katherine M. Shatto to duty have been revoked.

The following named nurses have been appointed in the Army Nurse Corps and assigned to the stations indicated: To Walter Reed General Hospital, Takoma Park, D. C., 2nd Lieutenants Harriett N. Willett, Christy A. Dalrymple, Elizabeth S. Gerhard, Marguerite M. Vizner and Julia I. Mullen; to Fitzsimons General Hospital, Denver, Colo., Mayme Johnson and Caroline R. Neumann, 2nd Lieutenants; to Station Hospital, Fort Riley, Kas., 2nd Lieut. Emma Morriss; to Station Hospital, Camp Knox, Ky., 2nd Lieut. Elizabeth Hansbrough. The following have been assigned to active service in the military establishment as Reserve Nurses, Army Nurse Corps: 2nd Lieut. Edna Lenore Moat to Letterman General Hospital, and Mabel C. Proctor, Reta M. O'Brien, Josephine H. Balestra, Hannah T. Richards, Wilhelmina S. Kline, Agnes T. Light, Esther E. McKinney and Katherine Casey to Fitzsimons General Hospital.

A class of forty-nine students was admitted to the Army School of Nursing on October 5. There are thirty-two at Walter Reed Hospital and seventeen at Letterman General Hospital. The class includes a Central American from San Salvador and an Indian girl, who is a graduate of the Carlisle Indian School.

JULIA C. STIMSON,

*Major, Supt., Army Nurse Corps; Dean, Army School of Nursing.*

#### NAVY NURSE CORPS

The following nurses have been appointed and assigned at the Naval Hospitals at the station indicated: Chelsea, Mass., Nellie J. MacLeod. League Island, Pa., Pearl L. Christy, Harvia E. Jarett, Emma L. Grier, Mabel G. Hudson, Dorothy W. Pierce (reappointed). Washington, D. C., Addra Webber (reappointed), Harriet K. Johnson, Elsie L. Jarvis, Bertie A. Weber. Charleston, S. C., Mary L. Goss. Pensacola, Fla., Mary F. Spencer. Great Lakes, Ill., Julia Moehr, Madge Solomon, Dema V. Leopold, Mary Nichols, Christine J. Bourgeois, Edna M. Hottinger. Fort Lyon, Colo., N. Eva Wolfe. Puget Sound, Wash., Bess C. Sanderson. San Diego, Calif., Frances D. Johnson.

*Dietitian—Great Lakes, Ill., Bertha Cold.*

The following nurses have been transferred: To Newport, R. I., Katherine M. Keane from U. S. S. Relief. To New York, Florence R. Partridge from U. S. S. Relief; Elsie S. Ohlson from Mare Island, Calif. To Charleston, S. C., Addra Webber from Washington, D. C. To Fort Lyon, Colo., Caroline V. Graham and Ruth E. Martin from Charleston, S. C.; Lillian M. Adams and Lillian L. Reilly from Quantico, Ca. To Mare Island, Calif., Jennie F. Sheldon from Yokohama, Japan; Josephine Rugg and Flora A. Gee from San Diego, Calif.; Inga J. Qually from Puget Sound, Wash. To San Diego, Calif., Josephine Y. Raymond from Washington, D. C.; Flora A. Murphy from Mare Island, Calif. To Hospital Corps Training School, San Francisco, Calif., Helen S. Wood from Mare Island, Calif. To Puget Sound, Wash., Adah M. Watson from Mare Island,

Calif. To Guam, Laura L. Holmes from Great Lakes, Ill.; Hazel V. Braddick from Mare Island, Calif. To Canacao, P. I., Ada Chew from San Francisco, Calif. (Hospital Corps Training School); Ruth E. Cleaver and Mathilda E. Hume from Guam. To U. S. S. Relief, Olive I. Reilley and Carolina M. Thompson from League Island, Pa. To U. S. S. Henderson (temporary duty), Suzie Fitzgerald (Chief Nurse) from Newport, R. I.; Louise A. Bennett and Dorothy Eastman from Mare Island, Calif.; Josephine Y. Raymond from San Diego, Calif.; Adah M. Watson from Puget Sound, Wash.; Inga J. Qually from Mare Island, Calif.; Flora A. Murphy from San Diego, Calif.; Elsie S. Ohlson from New York, N. Y.

*Honorable Discharges*—Agnes M. Quinlan, Mary McC. Barron, Carrie B. Summerlin, Grace Kline (Chief), Ethel Welling.

.... *Resignations*—Marie Jordan, Edith A. Mury (Chief), Helen B. Kelley, Sadie L. Anderson, Adah M. Drinkwater, Harriet A. Harris, Rose V. Bonin, Aurel J. Baker.

*Placed in Inactive Status*—Katherine Egan.

The following Nurses in Inactive Status have been released from the Service: Katherine S. O'Leary, Stella Scott, Madelon Stowell.

LENAH S. HIGGEE,

*Superintendent, Navy Nurse Corps.*

#### U. S. PUBLIC HEALTH SERVICE NURSE CORPS

*Transfers and Promotions*—Rosamond Jordan, Acting Chief Nurse, Fort Stanton, N. M., to Oteen, N. C., as Assistant Chief Nurse; Carrie Kolarik, Camp Kearney, Calif., as Chief Nurse at Fort Stanton, N. M.; Laura Nell, Assistant Chief Nurse, Camp Kearney, promoted to Chief Nurse; Josephine Gaffney, Assistant Chief Nurse, Helena, Mont., to Portland, Ore., as Acting Chief Nurse; Bertha Larson, Chief Nurse, Port Townsend, Wash., to Helena, Mont., as Chief Nurse; Sue Wilson, Chief Nurse, Helena, Mont., to St. Paul, Minn., as Chief Nurse; Grace Engleman, promoted to Assistant Chief Nurse, Boise, Idaho; Katherine Kelly, promoted to Assistant Chief Nurse, Tacoma, Wash.; Elizabeth Annan, promoted to Assistant Chief Nurse, Palo Alto, Calif.; Annie Currie, Assistant Chief Nurse, Ellis Island, N. Y., to Alexandria, La., as Assistant Chief Nurse; Marie Glauber, Out-patient Dispensary, El Paso, Tex., to Assistant Chief Nurse, Hospital No. 76, Maywood, Ill.; Frances Hawthorne, Assistant Chief Nurse, Ellis Island, N. Y., to Fox Hills as Assistant Chief Nurse. Meta C. Brooke and Mabel K. Adams, Assistant Superintendents of Nurses, have taken charge of the nursing service at U. S. Public Health Service Hospital No. 60, Oteen, N. C., and Hospital No. 76, Maywood, Ill., respectively, to act as Chief Nurses at these stations, with jurisdiction over the hospitals in the eastern states and in the middle western states. Mary R. Swann, Assistant Superintendent of Nurses, who is to remain in charge of the Psychiatric nursing, is to establish the nursing work at Fort Logan H. Root, Ark., which is to be a Neuro-psychiatric hospital.

While all the hospitals in the Public Health Service have a full quota of nurses at the present time, additional nurses will be needed on the opening of new hospitals at Fort MacKenzie, Sheridan, Wyo., Fort Lyon, Los Animas, Colo., and Dawson Springs, Ky.

LUCY MINNICKHOOD,

*Superintendent of Nurses, U. S. P. H. S.*

#### THE NATIONAL CHILD HYGIENE ASSOCIATION

THE NATIONAL CHILD HYGIENE ASSOCIATION held its twelfth annual meeting in New Haven, November 2-5. The first speaker was Dr. Haven Emerson

of New York City, at the session on Coördination of Child Activities. The main points of his address were: that the private organization should not attempt to function in the place of a public service, when the public service is available. The diagnosis should come first. What is the need? and when the decision has been made, everything should be done with that objective in view. In coöperative work, there should always be a good program outlined and the functioning organizations should be properly organized. One of the most important functions at present has to do with the statistical part of the work. He then spoke of the splendid work of the Affiliated Child Welfare Agencies in New York City under Mary Arnold. This federation with a membership of 208 Organizations is not itself a functioning organization, but a clearing house. Ella Phillips Crandall spoke of the New York diet kitchen as a splendid example of coördinate work in its affiliation with the Maternity Center and Henry Street. The three agencies cover the Child Welfare work from pre-natal through the whole cycle and are able, through close contact, to carry out the work with uniform technique.

Dr. Morrison of the Health League in Pennsylvania emphasized the importance of each agency being ready to give and take. Dr. Brown, who is to have charge of the new experiment in Ohio, spoke to the point of the call for coördination. He said that it is coming in from every side for various reasons. Among these are the pressure for funds, that people are awake to needs, and the pressure for time. Dr. Veeder spoke for the government. He said that all private organizations should stand ready to help the government put through a good program. The general sense of the discussion was that everyone was seeking for a solution to the great problem of how to affiliate and coördinate without the loss of momentum. At the business meeting fifteen new directors were elected. Among them was Margaret Stack, Director of Child Bureau of the State Board of Health of Connecticut. Dr. Adair of Minneapolis reported for the Joint Committee on methods of improving the health of the expectant mother by controlling all disease. On November 3 President H. L. Shaw gave a very inspiring address on the progress of Child Welfare work, showing the tremendous growth during the last decade. He spoke of France as always a leader among the nations in Child Conservation, and brought out very carefully the difference between the terms Child Hygiene and Child Welfare. In speaking of the war results, he cited how the interest of England was brought to its pre-natal work when they discovered they must care for the mother if they were to have strong men. He also gave an interesting picture of the startling improvement in the infant mortality in Belgium during war times, that country realizing that they must care for the coming generation if they were to survive the ravages of war. Speaking of the Public Health Nurse, Dr. Shaw said that she carried the lamp of knowledge into the front line trenches and that everything depended upon her. He also brought out very clearly that the lay worker is necessary to good Child Welfare work, that there are thousands of workers in this group ready for service when the path is open for them. He made an interesting diagnosis of what he called "pernicious professionalism." The Director of the Child Hygiene Association read an interesting paper, the watchword of which was to "Keep the Faith." He said that the work of the past year was revealing and that the demand for knowledge is widespread and the demand for vital statistics insistent. Coöperation in some form must be adopted, both governmental and local. Many lessons had been learned as to what is good publicity. The cost of certain types of publicity was considered, among these, the country fairs, health tents, and traveling dispensaries. It was his opinion that less spectacular propaganda are

productive of better results. In the discussion, Dr. Anna Rude questioned how we are going to make available for rural districts the mass of material that had been gathered together in urban centers. Dr. Levy of New Jersey said that general interest is less productive than the concentration of forces to gain the interest of those who are influential. He also said that large budgets given for city and municipal departments are very advantageous to the growth of work, while the large budget of the private organization did not always indicate real progress. It is his opinion that a health program once decided upon should be put in as a whole, that it would be better to wait a year than to put it in in part, as communities are too ready to be satisfied with a small result.

The rural and state program was of particular benefit to the nurses, as many of the difficult problems were discussed and many points of interest brought out. The tea at the Visiting Nurse Association was attended by about 200 people. At the Thursday evening meeting, President Angell of the University greeted the members. He said that everything regarding the welfare of the child is of vital importance and that universities must take their part in the great educational program. Grace Abbott, Chief of the Children's Bureau, made her maiden speech in that capacity. Everyone who listened to her felt that the work of the Bureau has been placed in good hands. Her address was a brilliantly clear and concise statement of what the Bureau hopes to do, and their need of support of all health agencies. On Friday morning the lay members' meeting was delightful. Dr. Lee of Harvard spoke from the medical standpoint. Mr. J. S. Ellsworth of New York County Red Cross spoke for the lay member who had dealt with the big publicity problems. Homer Folks, in his usual clever manner, presented the pitfalls of organization that the lay members, as well as the professional members, were apt to fall into.

The program for the pre-school child, under the chairmanship of Dr. Lucas, was interesting. Dr. Macfie Campbell of Boston summed up the whole problem in his address, which he called "Food, Sleep and Getting Along with the People Around Them." Anna Sutherland's paper, "Teaching Methods and Accommodations in Health Programs for the Child Under Six Years of Age," described the ideal equipment for a pre-school conference, and said it could best be done by health centers, baby conferences, clinics, tuberculosis associations, and welfare departments in industries by the combined coöperation of these organizations with adequate follow-up work in the homes. Each clinic should have a pediatrician, dental hygienist, orthopedist, clerk, nurse, and volunteer workers, as well as an interpreter for foreigners. She described the equipment of the examining room, dressing room, and waiting room. She also spoke of the importance of including the father in caring for the family. The whole family should be treated as a unit. Lack of home control was one of the greatest drawbacks closely followed by poor management of the family budget. She thought that in many localities a neighborhood meeting in somebody's kitchen would be the best place to talk to mothers with the use of graphic charts and posters. This brought out much discussion. Isabelle Boyce of Grand Rapids sent a paper, Volunteer Workers in a Public Health Program with the Child of pre-School Age. In Grand Rapids the volunteer worker seems to have worked out very well in various ways, but they have partial training for the work that they are doing.

#### MEETING OF AMERICAN COLLEGE OF SURGEONS

The Clinical Congress of the American College of Surgeons convened in Philadelphia October 24. The morning session was devoted to discussions of

general hospital problems. The afternoon session was a Round Table conference, conducted by Dr. Malcolm F. MacEachern, of Vancouver. The subject was "How Hospital Standardization Can Improve the Professional Work and the Service to the Patient In the Hospital." The Nursing Problem was discussed, *entirely constructively*, by Dr. Charles H. Mayo, S. Lillian Clayton, Katharine Tucker, and Mary M. Riddle, under the following topics, respectively: 1. Can a hospital attain a minimum standard with what is considered an incompetent nursing staff? 2. Should under-graduate nurses have a competent and experienced graduate supervision, especially in the operating room and maternity departments? 3. Nurses' records on patients in many instances are useless. What are the essentials of such records, and how can they be of greater value? 4. What constitutes a competent and sound applied nursing service in our hospitals today?

Arizona: THE ARIZONA STATE NURSES' ASSOCIATION held its third annual convention in Tucson, October 20-21, Helen Eagan presiding in the absence of Bertha C. Rowe, president. Minutes of the meeting were taken and the report of the secretary read by Mrs. Marion Glover, as Kathryn MacKay, state secretary, is at present in Mexico City. Owing to the severe illness of Rosanna M. King, there was no report from the president. A committee of three was appointed to present a list of names to be submitted to Governor Campbell, from which to fill vacancies on Board of Nurse Examiners. Ten names were selected, representing Globe, Miami, Phoenix, Tucson, Bisbee, and Prescott. Resolutions were adopted thanking Bertha C. Rowe, Kathryn MacKay and Rosanna M. King for their valuable and faithful services to the Association; another expressing appreciation to the Arizona Antituberculosis Association for its offer of support and coöperation; and one expressing the sorrow of the members over the death of Elizabeth Coutanche. Owing to the absence of many members who do not return to the state until late in the fall, it was decided to hold the next annual convention in November instead of in October, as formerly. The convention of 1922 will be held in Phoenix.

A meeting of the Public Health nurses was held, with Mary Cole presiding, in which a Public Health section of the State Association was organized, Etelka Weiss, chairman; Laura Cori, vice chairman. Report of the State Association's contribution to the Relief Fund showed the total amount sent in 1921, \$344. An open meeting was held the evening of October 20 with music furnished by the High School orchestra, at which the following papers were read: Hospital Administration, Mother Vincentia, read by Lillian C. Thomson; Service to One's Neighbor, H. Grace Franklin; Medical Social Service, Etelka Weiss; The Registered Nurse, Gertrude Russell. The delegates were entertained at two luncheons, and a formal dinner given at the Santa Rita Hotel. By courtesy of the Red Cross, they were taken to inspect the government sanitarium at Pastime Park, where they were graciously received by Miss Sullivan. A very beautiful musicale and tea were given by the Sisters of St. Mary's Hospital. Officers elected for the coming year: President, H. Grace Franklin; vice-presidents, Etelka Weiss, Charlotte Wallace; corresponding and field secretary, Gertrude F. Russell; treasurer, Lillian C. Thompson; directors, Rose Darcy, Vera Hickox, Helen Alexander, Beale B. Ashley, Helen Dickerman, Louisa Perritt.

THE ARIZONA STATE BOARD OF NURSE EXAMINERS held its second meeting, October 19, the day before the convention. Edith Pearl Snowden, appointed October 17 by Governor Campbell, to fill the unexpired term of Bertha C. Rowe (resigned), presided. The resignation of Rosanna M. King, who, owing to severe

illness is about to be transferred to Colorado, was presented. An outline for a curriculum for the nursing schools in Arizona was presented by Sister Evangelista and taken under consideration. It was decided to have pins made in the design of a cactus in native Arizona copper, with the letters R.N. at the base. On November 3 Governor Campbell appointed H. Grace Franklin, of Globe, to the vacancy on the Board caused by Miss King's resignation, this making the personnel of the Board: President, Edith P. Snowden, Phoenix; secretary-treasurer, Gertrude F. Russell, State House, Phoenix; Grace E. Buckley, three years, Jerome; H. Grace Franklin, four years, Globe; Sister M. Evangelista, five years, Tucson. Eighty-seven applicants were approved and granted the R.N. The Arizona Board of Nurse Examiners will hold a meeting to elect officers and examine applicants for registration, Thursday, January 5, 1922, State House, Phoenix, Arizona. Gertrude F. Russell, Secretary-Treasurer.

**Arkansas:** THE ARKANSAS STATE NURSES' ASSOCIATION held its ninth annual session in the First Baptist Church, Helena, October 18 and 19. Invocation by Rev. W. H. Irvine of the Presbyterian Church. Address of welcome by Hon. S. W. Adams, who acted in this capacity instead of Major Yaeger. Response was given by Mrs. Virginia Miesenheimer, of Pine Bluff, after which a business session was held. The nurses were entertained at luncheon by the ladies of the First Methodist Church. The afternoon session consisted of an address by J. C. Sheffield, a prominent lawyer of Helena, on Cooperation. The remainder of the afternoon was given over to important business, after which all enjoyed an automobile ride over Helena and West Helena. In the evening Dr. Dewel Gann, Jr., of Little Rock, lectured on Control of Cancer, the early recognition of cancer, and the need of the public awakening along this line. Dr. Gann was followed by Dr. Shipp, also of Little Rock, his subject being Tuberculosis, its rate, its economic loss, and the need of its recognition soon enough to allow a treatment and cure. October 19, the morning session was opened with a very pleasing address by Rev. G. Barnes, rector of the St. John's Episcopal Church, Helena, on Nursing and Religion. This was followed by an interesting address on Conservation of Infant Life by Rev. L. L. Cowen, pastor of the First Methodist Church. The remainder of the morning was given to business. The nurses were entertained with luncheon by the ladies of the First Baptist Church. The afternoon session had a program for Private Duty Nurses. The next annual meeting will be held at Hot Springs October 17 and 18, 1922. At 4 p. m. a tea was given at the Triangle Tea Room by the Red Cross Committee of the Helena Chapter. At 6 p. m. the members were entertained with a banquet at St. John's Episcopal Church, given by the Richard L. Kitchen Post 41, American Legion. After a very pleasant and enjoyable program the nurses returned to the First Baptist Church, where a special closing session was held for the election of officers for the coming year: President, Mrs. Virginia Miesenheimer, Pine Bluff; vice presidents, Mrs. Elizabeth Kellar, Helena, Blanche Graves, Little Rock; secretary, Blanche Tomaszewski, Pine Bluff; treasurer, Lillian Atwood, Little Rock. A vote of thanks was extended to the people and nurses of Helena for the wonderful hospitality shown the members of the State Nurses' Association.

**California:** THE CALIFORNIA NURSE REGISTRATION ACT requires renewal of certificate before March 1, 1922, otherwise the certificate will expire. California registered nurses should apply immediately to the Bureau of Registration of Nurses for renewal blanks. Nurses coming to California and registered in states where renewal is required should see that their certificates are renewed before applying for registration in this state.

**Colorado: Longmont.**—Bertha Erdman has been appointed superintendent of nurses and principal of the School of Nursing of the Longmont Hospital. **Denver.**—**MERCY HOSPITAL TRAINING SCHOOL** held graduation exercises for the class of 1921 on October 27 in the hospital chapel and in the assembly hall of the Nurses' Home. Addresses were given by Rt. Rev. J. Henry Tihen, D.D., Bishop of Denver, and by George A. Moleen, M.D., staff president. The Nightingale Pledge was taken by the twenty-one graduates. A reception followed the exercises. **MERCY HOSPITAL ALUMNAE ASSOCIATION** gave a Halloween fancy dress party to the class of 1921 and the pupils of the school. The senior nurses of the school entertained the class at a theater party and luncheon on November 3.

**Georgia:** At the recent General Assembly of Georgia, the law governing the practice of nursing was changed to include a reciprocity clause, raise the registration fee from \$5 to \$10 and change the salary of the Secretary from \$100 per year, and giving the Board of Examiners authority to determine the amount she should receive for her services.

**Illinois:** **THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES** held its nineteenth annual meeting in Quincy October 20 and 21; headquarters, Quincy Hotel. The Chairman of Arrangements was Martha Fitzgerald, Quincy, the Chairman of Program was Marie C. Petersen, Joliet. There were about 200 registrations, including thirteen student nurses. First morning session, October 20, 1921: Invocation, Rev. Mr. Cook; Address of Welcome, Mrs. E. B. Sinclair, president of Eighth District Association, and Mr. O'Brien, Mayor of Quincy; Response, Myrtle Purgner, of Pekin; Greetings from Iowa, Mary C. Haarer, president, Iowa State Association of Graduate Nurses; President's Address, Ada Belle McCleery, reports and business. Miss McCleery, in her address, emphasized the need of increasing the state tuberculosis fund, stating that during the past eight years the Association had been asked to help in the care of forty nurses ill with tuberculosis. She also urged better support of the Nurses' Relief Fund. She then examined the charges being made against nursing education and standards and discussed them broadly, concluding: "And so these charges that we as nurses are becoming over educated, very wealthy and have lost the quality of mercy have not as yet been proven, but we must not rest, but strive that in some measure we may assist in bringing, even to the isolated community, a knowledge of right living." Afternoon session: Music, Shattuck Boys' School. Addresses, School of the Blind, Dorothy Dorsey, Social Service Worker, Illinois School for Blind, Jacksonville; Activities of Central Council of Nursing Education, Carol L. Martin, executive secretary; Nutrition Work, with slides, Dr. Caroline Hedger, Chicago. Evening session, banquet, toast mistress, Ada Belle McCleery; Toast to Our Hostesses, S. Augusta Hyde, Secretary, Seventh District Association; response, Caroline H. Soellner, Superintendent, Blessing Hospital, Quincy; address, Clara D. Noyes, President, American Nurses' Association. Morning session, October 21, meeting of Illinois State League. Address, Isabel M. Stewart, Teachers College; President's address, Elsie L. Burka. Afternoon session, addresses, Psychiatry, Kate Kennedy, Chicago State Hospital; Teaching of Nurse Ethics, Mary C. Wheeler, Chicago. Officers of the Illinois League of Nursing Education: President, Carol L. Martin; vice-president, Bertha L. Knapp; secretary, Mary Cutler; treasurer, Ida Smith. Motor trip through Quincy Parks. Tea at the Country Club. Evening session, the final business meeting preceded the Round Tables, at which the following officers were elected: President, Ada Belle McCleery, Evanston Hospital, Evanston; vice presidents,

Bena M. Henderson, The Children's Memorial Hospital, Chicago, and Margaret W. Johnston, Colonial Hospital, Geneva; secretary, Nellie Crissy, Hahnemann Hospital, Chicago; treasurer, Elizabeth Asseltine, Victory Hospital, Waukegan. Round Tables, Rural School Nursing and Red Cross Nursing Service, Minnie H. Ahrens; Private Duty, Gladys Radle, Ottawa; Small Hospital, Mrs. Flo Wigton, Superintendent, Galesburg Hospital, Galesburg; Officers of Alumnae, Helena McMillan, Presbyterian Hospital, Chicago; Instructors, May Russell, Instructor, Presbyterian Hospital School for Nurses. The meetings were all well attended. There was a unanimous vote to hold the 1922 Annual Meeting in Chicago. Chicago.—Frances V. Brink, formerly a field director for the Central Division of the Red Cross, has been appointed assistant executive secretary of the National Organization for Public Health Nursing, with her office at national headquarters, New York. Ruth Bracken, a former Red Cross field director, has gone to Montenegro to do public health nursing under the Red Cross. Clara D. Noyes spent several days in Chicago, speaking at the Nurses' Club. All were delighted to meet her and to hear of the work of the Red Cross abroad. MERCY HOSPITAL GRADUATES are reported as follows: Charlotte Bender is superintendent of nurses at St. Joseph's Hospital, Mitchell, S. D.; Lulu Miller is in charge of the Methodist Hospital, Memphis, Tenn.; Genevieve Dyer is with the Colorado Tuberculosis Association; Nellie Ogilvie is Superintendent of Infant Welfare, at Hartford, Conn. THE ILLINOIS TRAINING SCHOOL ALUMNAE ASSOCIATION held a picnic at Jackson Park on September 8. Tea will be served at the Nurses' Home on the first and third Sunday afternoon of each month from November to May. Elizabeth K. Smith, class of 1898, has been appointed superintendent of nurses of the contagious department of Cook County Hospital. Mary Day Barnes, class of 1892, has taken up Red Cross public health nursing in Oliver County, N. D. Mabel Blackmar is county nurse in Seattle, Wash. Ruth Wendell, class of 1910, is superintendent of nurses for the Chicago Tuberculosis Institute. Lydia Paterson, class of 1919, is in charge of the Maternity department, Lutheran Deaconess Hospital, Chicago. Elizabeth Hughes, class of 1920, is educational director at the Pasadena Hospital, Pasadena. THE WASHINGTON BOULEVARD HOSPITAL held its annual graduating exercises on October 28.

Indiana: Marion.—DISTRICT No. 1 held its annual meeting at Marion, November 12, and elected the following officers: President, Bernetha Smith, Muncie; vice-presidents, Mrs. Sales, Huntington, and Leola Richter, Ft. Wayne; secretary, Hazel Williams, Muncie; treasurer, Pauline Huser, Ft. Wayne; directors, Frances Heimer, Adda Hornaday, Gertrude Barber, Pauline Blachoff, Clara Walford. Indianapolis.—DISTRICT No. 4 held its annual meeting at St. Vincent's Hospital, Indianapolis, November 9. The Annual Report showed that the alumnae associations of the district are organized 100 per cent and that the association is in good financial condition. Six meetings were held during the year and the average attendance was very good. The organization appropriated \$50.00 from its treasury to the National Headquarters of the American Nurses' Association. Two hundred dollars was appropriated to the Student Nurse Recruiting Movement of the State. Annabelle Petersen is the chairman of this movement. Mrs. Othneil Hitch, 1649 N. Alabama Street, Indianapolis, was appointed chairman of the Jane A. Delano Memorial Committee. Officers elected for the coming year are as follows: President, Mrs. C. D. Fansler; vice-presidents, Katherine Hoar and Birda Hunt; secretary, Grace Harvey, Lafayette; treasurer, Elizabeth Wooster; directors, Mrs. Nona Lindsay and Eugena Kennedy. After the business meeting the pupil nurses of the hospital, and St. Vincent's

Alumnae Association gave a musical programme. Refreshments were served. The January meeting will be held at the Indianapolis City Hospital. ST. VINCENT'S SCHOOL FOR NURSES held commencement exercises on October 27 for seventeen graduates. Dr. Earp delivered the address. A reception followed. Evansville.—THE EVANSVILLE GRADUATE NURSES' ASSOCIATION was reorganized at a meeting held October 17. Officers will be elected at the December meeting. Ft. Wayne.—THE IRENE BYRON SANATORIUM has established a course on Tuberculosis for senior nurses, covering two months, and forming part of the regular curriculum of the participating schools. Mazzie Gorrell has been appointed school nurse. Lulu Wolfrom and Mabel Pittman are doing private duty nursing in Long Beach, Calif., and Inez Slough and Lillian Jenkins, in New Orleans. All are graduates of Hope Hospital. THE LUTHERAN HOSPITAL SCHOOL OF NURSING held a Christmas sale in the nurses' home on November 26. Frances Nicol, class of 1913, is a Red Cross nurse in this city; Vesta Neff, class of 1920, is superintendent of the Wells County Hospital, Bluffton. Alice Burling has recently been appointed dietitian at the Lutheran Hospital.

Iowa: THE IOWA STATE NURSES' ASSOCIATION held its eighteenth annual meeting at Iowa City, November 1, 2, 3. The convention was opened by invocation with address of welcome from President Jessup of the State University. The morning was devoted to reports of the activities of the District Association and the work of the standing committees. At the afternoon session the outlook for private duty nursing was thoroughly discussed, first, from the viewpoint of a lay woman, by Mrs. Francis Whitley; second, from the viewpoint of a business woman, by Carrie Burns, of the Chamber of Commerce, Des Moines; third, from the viewpoint of a private duty nurse, by Pearl Sweeley of Sioux City. The association gave Frances M. Ott of Indiana a warm welcome and she graphically presented her views regarding the problems of the private duty nurse. The visitors were then conducted on an automobile tour of the city and a visit to the University hospitals. An exceptionally pleasing musical programme was given in the evenings, directed by Prof. Clapp. Addresses were given on Women in History, by Prof. Schlesinger, and Control of Communicable Diseases, Prof. Don Griswold. On Tuesday evening a reception and dance were held at the Nurses' Home. On Wednesday evening, the nurses had the privilege of hearing Ada Belle McCleery, president of the Illinois State Association, on Nursing Activities in Other States. Wednesday forenoon was devoted to the League of Nursing Education, Miss Brammer of Hampton, presiding. Well prepared papers were read: Status of Pupil Nurses before Entering Regular Duty, Gertrude White, Instructor, Methodist Hospital, Des Moines; Student Government, Henrietta Stegeman, Student Nurse, State University of Iowa; Psychology of Nursing, Augusta Heffner, Sioux City. Miss Goodale of Cedar Rapids opened the discussion of the papers. The members of the State Examining Committee, Anna Drake of Des Moines and Amy Beers of Fairfield gave a resumé of the findings of the past year. The Wednesday afternoon programme proved exceptionally entertaining and instructive. Dr. Steindler, Professor of Orthopedics, gave demonstrations in the amphitheatre of the University Hospital. Miss Watson of the Isolation Hospital directed student nurses in a demonstration in the nursing care of communicable diseases. Miss Goodale of St. Luke's, Cedar Rapids, presented a student nurse who demonstrated Care of the New-born Babe. Mrs. Jessup entertained in a delightful manner at tea. On Thursday morning, round tables were held by the different sections, Dr. Orton, Director of the Psychopathic Hospital, told of the purpose and programme of his new

hospital. The following officers were elected for the ensuing year: President, Amy Beers, Fairfield; vice-presidents, Wilhelmina Gieseman, Dubuque, and Augusta Heffner, Sioux City; secretary, Lola G. Yerkes, Iowa City; treasurer, Adah B. Hershey, Des Moines. Gyda Bates, Cedar Rapids, was elected as delegate to the biennial meeting of the American Nurses' Association in Seattle. Miss Brammer of Hampton was reflected chairman of the League. Miss Boston of Cedar Rapids chairman of Private Duty Section. Iowa City.—Members of the Red Cross Public Health Nursing Service met in conference on October 31. Miss Ahrens of Chicago presided. THE STATE EXAMINATIONS were conducted on October 27 and 28, 181 nurses were present, this being the largest attendance on record. At the October meeting of the State Board of Health, Anna Drake of Des Moines was appointed State Supervisor of Public Health Nursing. A committee was formed to confer with her regarding the programme. Miss Drake has also been appointed director of state nursing activities for the Iowa Tuberculosis Association. DISTRICT No. 7 is offering a scholarship for nurses who wish to prepare for public health nursing. Des Moines.—THE METHODIST HOSPITAL TRAINING SCHOOL has arranged a scholarship for the highest ranking senior student. The scholarship takes the form of a special course at the Chicago Lying-in Hospital. Council Bluffs.—THE JENNIE EDMUNDEEN ALUMNAE ASSOCIATION gave a card party and luncheon on October 17 in honor of Mrs. Emma G. Lucas, who was given a silver flower basket in appreciation of her work as president of the Women's Board. Martha Rogers, class of 1918, is night supervisor at the Cottage Hospital, Santa Barbara. Mae Adams is in charge of the obstetrical department of the Pasadena Hospital. Cedar Rapids.—MERCY HOSPITAL graduates are reported as follows: Sylvia Kelly and Maude Wood, class of 1920, have positions in Mercy Hospital, Kalispell, Montana; Anna Kilbride, class of 1919, is assistant surgical nurse at the Woman's Hospital, Cleveland. ST. LUKE'S GRADUATES are holding the following positions: Evelyn Van Lehn and Nellie Duncam, class of 1921, are floor supervisor and instructor at the hospital; Mary L. Wiley, class of 1921, is assistant superintendent of nurses, Toledo Hospital, Toledo, O. Constance Bryant is doing laboratory work. Hannah Aebi, class of 1921, McDonald Hospital, is night supervisor at St. Luke's.

Louisiana: The next examination of the Louisiana Nurses' Board of Examiners will be held in New Orleans and Shreveport, December 12 and 13, 1921. For further information, apply to Dr. J. S. Hebert, Secretary, 1121 Maison Blanche, New Orleans, La.

Maryland: THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held its fall meeting in Hagerstown, October 25. Members of the Association went from Baltimore in automobiles and were joined in Hagerstown by nurses from Frederick and vicinity. After a luncheon at the Hotel Hamilton, a short business session was held at the Washington County Hospital. A letter was read from the National Committee formed to secure funds for the purpose of erecting a Memorial fitting in character to the memory of Jane A. Delano. The consensus of opinion was that a statue erected in Washington would best serve as a Memorial to Miss Delano. A committee was appointed for the purpose of securing funds in Maryland. The secretary announced that the money contributed by nurses giving one day's pay, September 15, (Elsie M. Lawler's birthday), for the Relief Fund, amounted to \$457.94 and an appeal was made, with success, to make the amount \$500. At 3 p. m. a session was held under the auspices of the Maryland State League of Nursing Education. Maud M. Gardner presented a paper concerning the different subjects taught in the Schools of Nursing and

the time given to each subject. The paper was freely discussed by the instructors from the various hospitals. A most delightful supper was served by the Washington County Hospital nurses and members of the Alumnae. At the evening meeting Elizabeth G. Fox, Director of the Red Cross Public Health Nursing Service, spoke on the Public Health Nurse as a Leader in the County. This was most helpful to the Public Health nurses from the counties in the vicinity. Ethel E. Pearce of New York City gave a most delightful and entertaining account of her eighteen months' work, recruiting nurses in New York and New Jersey, under the auspices of the New York County Chapter of the American Red Cross. Miss Pearce also spoke at the Girls' High Schools in Hagerstown and Frederick, and in a most charming way urged the pupils to consider the advantages in the field of nursing to those who complete their four years of high school.

**Massachusetts:** Newton Lower Falls.—MARY M. RIDDLE is giving up her work as superintendent of the Newton Hospital on January 1. She will be succeeded by Bertha W. Allen, one of her own graduates, now superintendent of nurses at the Lowell General Hospital. Pittsfield.—Dorothy Spenser Raybold, a graduate of Vassar College and of Newton Hospital, has been appointed instructor at the Henry W. Bishop Third Memorial Training School. THE BERKSHIRE TUBERCULOSIS ASSOCIATION invited Berkshire nurses to attend its meetings at the Hotel Wendell, Pittsfield.

**Michigan:** Dr. Richard M. Olin succeeds Dr. Reuben Peterson as president of the Michigan Board of Registration of Nurses and Trained Attendants. The address of the secretary, Mrs. Helen deSpelder Moore, is changed to Sixth Floor, New State Building, Lansing. THE MICHIGAN STATE NURSES' ASSOCIATION was represented by six delegates at the National Red Cross Convention held at Columbus; also by two delegates at the State Federation of Women's Clubs at Grand Rapids. I. Malinde Havey, formerly field director for the Red Cross Nursing Service in Michigan, has been appointed Director of Nursing Service for the Lake Division of the American Red Cross. Elba L. Morse succeeds her in Michigan. New appointments for county nurses are: Ada Safford, Coldwater, Branch County; Hannah Ackerman, Ithaca, Gratiot County; Elsie Herr, Caro, Tuscola County. The following nurses are taking positions after completing a Public Health Course at the University of Michigan: Frances Jewell, Alpena County; Miss Rohr, St. John's, Clinton County; Grace Lewis, Howell, Livingston County; Norma Eekill, Sandusky, Sanilac County; Ann Walton, Crawford County. Mollie McKinney is the new Public Health nurse in Huron County.

**Minnesota:** THE MINNESOTA STATE REGISTERED NURSES' ASSOCIATION held its annual meeting at Duluth, October 13 and 14. A splendid revelation of the nursing resources of the State was the surprisingly large attendance of over 200. The fine spirit of cooperation, the demonstration of helpful progressive leadership in the various branches of nursing education, were a source of encouragement and inspiration to all. We feel that with this assurance of their ability to contribute so successfully to the constructive programme for better nursing education, and better care of the sick, the nurses of the State are justified in a feeling of pride in what has been accomplished, and in great hopefulness of the future outlook. The Round Tables on the various phases of nursing work were especially instructive; the conference on Teaching Problems led by Sister Domitilla, of St. Mary's, Rochester, was largely attended and brought out many points of mutual help and interest. By request Sister Domitilla gave a

description of the "Project Method" of teaching. She presented the subject in such an interesting way that she was listened to with eager attention, and it was received as a valuable contribution to teaching methods. The other round tables were well attended and the reports showed an enthusiastic interest—especially in Mental Hygiene as conducted by Miss Haupt, of the Visiting Nurse Association, Minneapolis, assisted by Miss Crowley of the Children's Bureau. Ruth Houlton, State Field Representative of the American Red Cross, had many helpful suggestions for the Rural nurses, as had Miss Hendrickson for the Industrial Nurses. The afternoon of the last day was given up to a round table on Legislation conducted by Miss Rankialleur. A great deal of thoughtful discussion was brought forth which will prove helpful to the Legislative Committee in formulating their new bill. Dr. Elmer Best, of the Dental Society, Minneapolis, addressed the Public Health Section on Dental Hygiene. He solicited the cooperation of the Public Health Nurses in the education of the people to the value of Preventive Dentistry. Miss Phelan of the Central Division made a plea for Red Cross enrollment. The report of the Nurses' Examining Board showed 3,678 nurses registered in Minnesota,—of these, 523 registered during the past year, and 430 more applied for registration in October. Miss Dodd, chairman of the Nurses' Relief Fund, reported contributions of \$208.50, and urged the nurses to contribute further to this worthy cause. The meeting was the largest and the most successful the nurses of Minnesota have ever held. The social features of the meeting as arranged by District No. 2 and the people of Duluth added to the success and the pleasure of the occasion. The Get-Together Dinner at the Commercial Club, at which 164 nurses were present, was characterized by a fine spirit of friendliness and festivity. The singing and story telling led by Mr. Bachelor, made fun and frivolity the keynote of the evening, and afforded a pleasant break in the serious programme of the regular session, which was concluded with an address by H. C. Barnes on The Nurse as an Educator. An automobile trip was provided for all the visiting nurses. St. Paul.—ST. LUKE'S GRADUATES are reported as follows: Eliza Fenderson is doing visiting nursing. Clara Mehnert, who has been a Red Cross instructor for two years in the southwest, has returned and is doing private duty nursing. Miss Schilberg is school nurse at Little Falls, Minn.

Mississippi: THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES held its tenth annual meeting on October 28 and 29 at the Y. M. C. A. building, Hattiesburg. This was one of the best attended and most interesting meetings in the history of the Association. The sum of \$15 was collected for the Relief Fund. Through its individual members, support was pledged for the Jane A. Delano Memorial. It was a pleasure to the members to have with them Jane Van de Vrede, director of the Red Cross Nursing Service, Southern Division. She brought a message which was an inspiration to each one. In addition to Miss Van de Vrede's address, papers were read on the following subjects: The Need of an Amendment, M. H. Trigg; Hospital Standardization, Mrs. B. B. M. Hopper; The Community and the Nurse, Professor Joe Cook. Round tables were held by hospital superintendents, public health nurses and private duty nurses. Officers elected were: President, Beaulo O. Brougher, Jackson; vice-presidents, Maude Varnado, Hattiesburg; Mary H. Trigg, Greenville; Myrtle J. Brown, Greenville; Kate Hanson, Gulfport; Ernestine Bryson, Houston; Christine Pfeiffer, Meridian; secretary, Jennie Quinn Camarva, Hattiesburg; treasurer, Jane P. Cox, Natchez. THE MISSISSIPPI STATE BOARD OF EXAMINERS OF NURSES will hold a meeting at Millsaps College, Jackson, January 2 and 3, 1922. The

examination will begin at 9 a. m. All applications must be filed two weeks prior to the date of examination. Beatie O. Brougher, secretary-treasurer, City Hall, Jackson.

**Missouri:** THE MISSOURI STATE NURSES' ASSOCIATION held its sixteenth annual meeting at the Statler Hotel, St. Louis, October 10-12. Over 500 members and about 60 visitors registered. The invocation was given by the Rev. Donald McLeod, of Central Presbyterian Church; address of welcome by Hon. Henry W. Keil, Mayor; the response was by Charlotte B. Forrester, Kansas City. Mary G. Burman, President of the State Association, in her address, referring to our recent nurse law, emphasized that we must now work for its enforcement. Clara D. Noyes was the principal speaker of the Monday afternoon session and her subject, *The Graduate Nurse and the Health of the Future* was of exceptional interest. Reports of standing and special committees were ably given. Round tables on Private Duty, School Nursing, Bedside Nursing, Tuberculosis and Public Health Nursing were well attended and marked with enthusiastic discussion. Interesting papers were given on Group Nursing in Hospitals, by Virginia Ford; X-ray, by Kate Apple, and the Nurse Anesthetist, by Beatrice Priest, followed by general discussion. The Tuesday morning session was devoted to The League of Nursing Education. After reports of the St. Louis and Kansas City Sections. Mance Taylor read a paper on affiliation of training schools and universities, emphasizing recognition by Universities of student nurse courses. A Minimum Curriculum for Accredited Training Schools was presented by Helen Wood, who stated that the University is the coming school for theoretical nurse training. Harriet Friend, Educational Director, opened the discussion and advocated standardizing records for training schools. Tuesday morning Dr. George Mengold gave a very excellent talk on Public Health and the New Social Philosophy. Dr. J. P. Brodeck presented a Comprehensive Plan for Municipal Control of Tuberculosis, advising sanatorium care for all active cases. After the afternoon session tea was served by the Third District and round tables were held on Problems of Child Welfare, The Nurse in Industry, The Red Cross, and Public Health Nursing. On Wednesday morning came election of officers, of delegates to the American Red Cross and to the Missouri Conference of Social Welfare. On Wednesday afternoon the delegates were taken for an auto ride over the boulevards and parks, stopping at the Art Museum for photographs. The annual banquet was held Wednesday night in the ball room of the hotel; 300 guests enjoyed the general hospitality of the St. Louis nurses. The following officers were elected: President, Mance Taylor, Parker Memorial Hospital, Columbia; vice-presidents, Margaret Rodgers, (relected), Jewish Hospital, St. Louis, and E. Geheler; secretary, Mrs. Sadie Houseman, Columbia; treasurer, Janet Flanagan, (relected). A \$500 gift from the State Nurses' Association was made to the Extension Department of the Missouri State University to be used in the public health nursing course given in the Missouri School of Social Economy. St. Louis.—THE ST. LOUIS LEAGUE OF NURSING EDUCATION met on October 19 at the Missouri Baptist Sanitarium, to discuss The Management of a Training School Reference Library. On November 16, at the Children's Hospital, the topic was The Head Nurse, Her Opportunities and Responsibilities. THE JEWISH HOSPITAL ALUMNAE ASSOCIATION met October 18. The following officers were elected for the coming year: President, Anna Robinson; vice-president, Katharine Turry; secretary, Anna Dover; treasurer, Charlotte Kiel; directors, Mrs. Emma Stiel Lehman, Mrs. Clara Peterson Holmes and Martha Herrman. Ten new members were received. THE LUTHERAN

HOSPITAL TRAINING SCHOOL held graduation exercises for a class of eighteen on October 26.

Nebraska: THE NEBRASKA STATE NURSES' ASSOCIATION met at the Lincoln Hotel, Lincoln, on October 11 and 12. The attendance was large, and much interest and enthusiasm were manifested. A very interesting and instructive programme was given. Clara D. Noyes, president of American Nurses' Association, was present and gave an address on the evening of the twelfth. The Committee on the Relief Fund reported \$409.34. The following officers were elected: President, Lulu Abbott, Lincoln; vice-presidents, Charlotte Townsend, Omaha, and Mrs. Jessie Lockwood, Green Gables, Normal; secretary, Cora E. Higgins, Lincoln; treasurer, Mrs. A. Schellman, Omaha; directors, two years, Margaret McGroovy, Lincoln; three years, Bertha Bryant, Grand Island. The Association accepted the invitation extended by the Omaha Chamber of Commerce to meet in Omaha next year. Other papers given during the meeting were: Rickets, W. O. Colburn, M.D.; Control of Venereal Diseases, P. H. Bartholomew, M.D.; Cooperation Between Various Divisions of Nursing and State Bureau of Health, I. H. Dillon, M.D.; Malnutrition in Children, Margaret Fedde, Home Economics Department, University of Nebraska; Examination Under the Department of Public Welfare, H. H. Antles; Lip Reading as an Aid to Hearing, Emma B. Kessler; Occupational Therapy, Mary Putnam, Lincoln; Our State Institutions, L. C. Oberlies, State Board of Control; The Woman Citizen, Mrs. H. H. Wheeler; What the Y. W. C. A. Has to Offer the Pupil Nurse, Mrs. A. G. Warner; Standardization of Training School Curricula in Nebraska, Carrie Loefer; Some Text Books for Nurses, Sister Humberta; Organization of Boys and Girls Clubs, Mary Ellen Brown.

New Jersey: THE NEW JERSEY STATE NURSES' ASSOCIATION held its semi-annual meeting at the State House, Trenton, on November 4, with the following programme: Invocation and address of welcome, Rev. Peter K. Emmons; response, Harriet Matthews; business and reports; greeting by the president, Elizabeth J. Higbid; address, Mental Diseases, Henry A. Cotton, M.D.; Nursing from a Lay Woman's Point of View, Mrs. J. Madlock. The New Jersey State Organization for Public Health Nursing held its meeting on November 5, at the same place. A joint meeting of the two organizations will be held in Newark, in April. Mrs. Pierson has resigned as secretary of the State Association. Her unexpired term will be filled by Mabel Graham, former secretary. Bayonne.—THE BAYONNE HOSPITAL ALUMINAE ASSOCIATION at a meeting held October 4, voted in favor of a central club for nurses in Hudson County and made arrangements for a dance to be given in January.

New York: THE NEW YORK STATE NURSES' ASSOCIATION held its twentieth annual meeting with a joint meeting of the New York State League of Nursing Education and the State Public Health Organization, on October 25, at Utica Hotel, Utica. The address of welcome was given by Ida Butcher, secretary of the New Century Club, with response by Annie W. Goodrich. A paper on Responsibilities of Hospital Boards of Managers and of the Community to Schools of Nursing was ably given by Amy M. Hillard, Samaritan Hospital, Troy. Elizabeth C. Burgess gave the report of the New York State Board of Nurse Examiners, which showed the tremendous amount of work that had been done during the past year. Ella Phillips Crandall completed the programme for the evening with an address on the History of the National Organization for Public Health Nursing. On Wednesday, October 26, reports were given by officers and chairmen of committees and an address by the President. Jennie S. Heal, of Rochester Homeopathic Hospital, spoke on Practical Ethics in the Professional and

Social Life of the Student Nurse, followed by Florence G. Merrill, a student nurse, on the same subject. A paper on The Importance of Contagious Training for Nurses, a Plan for Affiliation and Post Graduate Service, was given by Elizabeth Miller, of Philadelphia, and was much enjoyed. At this session Elizabeth E. Golding, chairman of the National Relief Fund Committee, made a plea for the fund. The motion to take up a collection brought forth a very satisfactory response, \$379 being donated. At the afternoon session, after community singing, a round table was conducted by Elizabeth Greener, of Mt. Sinai Hospital, New York, on "Methods by Which a Student Nurse May Be Relieved of Non-Nursing Duties." There was also a round table on Suggestions for Cooperation of Schools of Nursing in Meeting the Problems of the Private Duty Nurse, conducted by Emma J. Jones, Superintendent of Infants' Summer Hospital, Rochester. After this session, the delegates were taken for an enjoyable auto tour of the city. On Wednesday evening a delightful reception and a banquet were given the guests in the English Room and Ballroom of the hotel. More than four hundred nurses were present. Community singing was enjoyed. At this banquet Harriet Churchill was awarded the first prize, \$25.00, offered by District Number Seven for the best essay by a high school girl on The Opportunities Offered in the Nursing World. The essay was read by Miss Churchill herself. Jessie Broadhurst of Oneida, President of District Seven, presented the prize. The prize winner is a daughter of Mrs. Harriet Churchill, formerly of Providence, R. I. On Thursday, October 27, the morning session was given over to business and papers, among which were: "A Practical Scheme for Training Attendants," by Mary A. Ryan, of the Montefiore Home, New York; Discussion by Agnes Ward, New York City, Miss Burroughs, Kings County Hospital, Brooklyn, and Nora McCarthy, Greenpoint Hospital, Brooklyn. Annie W. Goodrich then gave an interesting talk on A Practical Plan for Centralizing Schools of Nursing as Applicable to Schools of New York State. The discussion was by Harriet M. Gillette, State Board of Nurse Examiners, Albany. A round table on Advertising Schools of Nursing was conducted by Edna W. Gorton, of Rochester, illustrated by moving pictures. The afternoon session consisted of a paper on Diet in Disease, by Dr. David W. Houston, Jr., of Troy; a round table on Methods of Accounting for Breakage and Loss, by Gladys M. Berry, of Samaritan Hospital, Troy. Responsibilities of Alumnae Associations for the Ethics of the Profession was read by Jessie M. Murdoch of Post Graduate Hospital, New York City, and Supervision in a Changing Age, by Mary M. Roberts, co-editor of THE AMERICAN JOURNAL OF NURSING. The conference for superintendents of State Hospitals was conducted by Elizabeth C. Burgess, of Albany. The following officers were elected for 1921-22: President, Alice S. Gilman, Troy; vice-presidents, Agnes S. Ward, New York, and Florence M. Johnson, New York; secretary, Mrs. Julia W. Kline, Brooklyn; treasurer, Louise R. Sherwood, Syracuse; directors for three years, Julia A. Littlefield, Albany, and Mrs. Anne L. Hansen, Buffalo; director for one year, Katharine De Witt; candidates for the Board of Nurse Examiners, Beatrice Bamber, New York, and Edna W. Gorton, Rochester. The arrangements for the Convention were admirably worked out and carried through by the chairman, Anna O'Neill, of Utica, and her committee. The next annual meeting will be held in New York City in 1922. Mrs. Anne Howe succeeds Carolyn Gray on the Board of Nurse Examiners. THE STATE ORGANIZATION FOR PUBLIC HEALTH NURSING met on October 25, in Utica. Addresses were given by Ella Phillips Crandall of New York, Dr. W. A. Sawyer of Rochester, and Sarah Olmstead of Oswego. Officers elected were: President,

Mary Carter Nelson, Binghamton; vice-president, Annie Humphrey, New York; secretary, Elizabeth Platt, Peekskill; treasurer, Mathilde S. Kuhlmann, Albany.

**District 1, Buffalo.**—At the October meeting of District 1, held on the 19th, Dr. Casp Croff spoke on Sex Hygiene. Delegates to the state meeting were chosen. The November meeting was held at the Central Branch, Y. M. C. A., on the 16th, when reports of the state meeting were given.

**District 2, Clifton Springs.**—THE ALUMNUS ASSOCIATION OF THE CLIFTON SPRINGS SANATORIUM has organized a glee club and a dramatic club. The glee club will give a Christmas concert and a May festival. The dramatic club will present *The Arabian Nights* in January. A very entertaining celebration of Hallowe'en was observed. At the meeting following the state convention, a large number attended to hear the reports of the delegates.

**Canandaigua.**—Ruth Beecher, a graduate of the F. F. Thompson Hospital, has been appointed as a missionary nurse to Chung Kiang, West China.

**District 3, Saranac Lake.**—THE GRADUATE NURSES' ASSOCIATION met in the Public Library on November 1. The chairman of the Donation Day Committee for the General Hospital and free bed fund reported proceeds of \$1,000, one-half to be used for general expenses and one-half for the free bed fund. A gift of \$500 for the ambulance fund was reported, which completes the sum required. Hilda C. Jackson gave a report of the state meeting.

**District 10, Amsterdam.**—THE AMSTERDAM CITY HOSPITAL held graduating exercises for a class of eight at the Elks' Club, October 23. Sarah Collins, one of the graduates, was appointed in August as nurse to the Indian Missionary Hospital, Ganado, Arizona.

**District 13, New York.**—THE BELLEVUE ALUMNUS met on October 20 and after the regular meeting had a political rally, two speakers presenting their respective views. The association held a Hallowe'en masquerade for the benefit of the pension fund, at which historical characters appeared in person.

**Ohio:** THE OHIO STATE NURSES' ASSOCIATION has engaged Mary E. Gladwin to give a second series of addresses throughout the state to various colleges and other organizations on the Student Nurse Recruiting Movement. Miss Gladwin spent three very busy months in the spring engaged in similar work. Schools in Cleveland report considerable increase in the number of candidates admitted to the fall classes.

**Cincinnati.**—THE ALUMNUS ASSOCIATION OF THE SCHOOL OF NURSING AND HEALTH, University of Cincinnati, held its regular meeting October 10, at the Nurses' Home. Miss J. Jackson of the Visiting Nurse Association gave a very interesting and instructive account of her four years spent in rural nursing. The regular monthly meeting of District No. 8 was held October 31, at the same place. The Programme Committee has arranged an interesting programme for the year. The December meeting will be held at the Jewish Hospital. The Club House Committee is planning a dance and card party following the holidays, from which they hope to realize a considerable amount for the fund. At the close of the business session Dr. Bertha Selma, candidate for Council at Large, gave a very instructive talk on "How to Vote."

**Cleveland.**—THE EDUCATIONAL SECTION OF DISTRICT No. 4 met at the Nursing Center, October 12. Following the business session, Carolyn Gray, who has recently come to Cleveland, discussed the new Central University School of which she is Director. Agatha Hodgins spoke of the general situation regarding Nurse Anesthetists. The PRIVATE DUTY SECTION held a meeting in the Isabel Hampton Memorial Hall, October 31. Miss Wheeler and Miss Allison were invited to present some problems of general interest. The Nursing Center is a very active place, several meetings being held daily. The Center is a most attractive place for professional as well as social matters, and is much appreciated. The LAKESIDE HOSPITAL

**ALUMNAE ASSOCIATION** held its regular meeting at the Isabel Hampton Memorial Hall, October 4, at which Miss Prouty, Assistant Librarian of the Cleveland Library, gave a most interesting talk on Current Books of Fiction.

**North Dakota: Devils Lake.**—Baccalaureate service for the graduating class of the General Hospital was held in the Presbyterian Church on September 18. On September 19, a reception was held for the class in the nurses' home. The Nurses' Alumnae Association held its annual meeting on September 19 and elected officers. Virginia Rosenberger is secretary.

**Oklahoma:** THE STATE BOARD OF NURSE EXAMINERS will hold their next examinations at the State Capitol, Oklahoma City, December 7 and 8. Lela Carr, secretary-treasurer, 915 West 23d Street, Oklahoma City.

**Oregon:** THE STATE ASSOCIATION OF GRADUATE NURSES has recently formed three districts in the state. Number 1 is Portland and vicinity; Number 2 is The Dalles and vicinity; and Number 3, Salem and vicinity. The rest of the state will be formed into districts as soon as it can be done. The State Association has furnished a maternity room of three beds in the Albertina Kerr Nursery, Portland, in a new modern building splendidly equipped and recently erected. This nursery is under the auspices of the Pacific Coast Rescue Society. The nurses have the privilege of using one bed for any dependent mother. Emma Bunge, of Minnesota, has taken up county work in Oregon under the Morrow County Chapter of the Red Cross. Mrs. Florence Paterson has been placed in Astoria as City Visiting Nurse under the local Red Cross Chapter. The industrial nurses of Portland and vicinity held their second regular monthly meeting on November 5. It was voted to organize an industrial nurses' club, and steps to this end were taken by appointing a committee to draw up a constitution.

**Pennsylvania: Philadelphia.**—THE NURSES' ALUMNAE ASSOCIATION OF HOWARD HOSPITAL held a special meeting on October 11, when two delegates were chosen to attend the state convention. BEULAH I. STUART, one of the supervisors at the Kensington Hospital for Women, gave a pint of her blood, recently, for transfusion, for a poor friendless girl who was much improved, as a result. THE PHILADELPHIA ORGANIZATION FOR PUBLIC HEALTH NURSING held its first winter meeting at 1340 Lombard Street, October 17. A delegate was chosen to attend the State Organization for Public Health Nursing; the members voted in favor of continuing the state organization. The Child Hygiene nurses gave a demonstration of their work, in the form of a play. THE CHILDREN'S HOMIOPATHIC HOSPITAL ALUMNAE met on October 17. The rummage sale was a great success. A bazaar will be held December 6 and 7 in the nurses' home. HELEN FAIRCHILD POST, No. 412, American Legion, holds meetings the second Tuesday in every month. The December meeting will be held at the Pennsylvania Hospital, December 12, 8 p. m. Any ex-service nurse is cordially invited to attend. The Post held a banquet at the Art Alliance Club on Armistice Day, 65 being in attendance. The speakers were Susan C. Francis and Miss Tomlinson, the latter giving a report of the National Convention of the American Legion. All Philadelphia units and several other hospital outfits were represented. It was an affair to be long remembered. THE NURSES' ALUMNAE ASSOCIATION OF THE SAMARITAN HOSPITAL met on October 24, with thirty present. A committee from the medical staff was present, Dr. Peters and Dr. Bowers, who suggested plans for the bettering and improving of the Nurses' Home and promised with alumnae cooperation to improve and enlarge the same. Plans for the annual bazaar were outlined and progress reported along all lines. The endowed room is now an assured fact and individual pledges are solicited from members. The

Hospital Board is back of the association and have made very generous concessions. THE MOUNT SINAI HOSPITAL NURSES' ALUMNAE held the first fall special meeting on October 14. A delegate was elected for the state convention. Mabel F. Grady, superintendent, read from the condensed history of nursing, which was very interesting. A theater benefit was suggested by most of the members for the endowment of the room in the hospital. GRADUATES OF THE GERMAN-TOWN DISPENSARY AND HOSPITAL TRAINING SCHOOL are reported as follows: C. Blanche Soule, class of 1910, has resigned as directress of nurses of the school to take up missionary work in the Egyptian Soudan. Sara C. Smith, class of 1914, and Grace White, class of 1916, left for Hayti in November to do Red Cross nursing. Bethlehem.—ST. LUKE'S HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises, October 18, for a class of thirteen. The Hospital Alumnae Association gave a luncheon to the class at Kurtz Restaurant. At a business session, the following officers were elected: President, Beaul Clinch; vice-president, Camilla B. Fulper; secretary-treasurer, Helen D. McDaniel. The Ladies' Aid first prize of \$150 was won by Kathryn Park, Easton; second prize, \$50, by Ethel Hetko, Easton; alumnae prize of \$5 for highest average for a member of each class,—Senior Class, Kathryn Eagle, Allentown; Intermediate, Alice Riley, Easton; Junior, Reba Fahn, Bethlehem. The Alumnae prizes were raised to \$10 each for the coming year. Pittsburgh.—GRADUATES OF THE ALLEGHENY GENERAL HOSPITAL are reported as follows: Emma Grier and Mabel Hudson have been appointed to service in the Navy Nurse Corps. Priscilla K. Hall, class of 1917, is a missionary nurse at Ewing Christian College, Allahabad, India. Before going abroad Miss Hall held positions at the Lakeside Hospital, Cleveland, and at the Allegheny General Hospital. THE PITTSBURGH TRAINING SCHOOL ALUMNAE ASSOCIATION, HOMOEOPATHIC HOSPITAL, held a regular meeting on October 13 at the nurses' home. A delegate was chosen to attend the state meeting. A social hour followed the meeting, giving the members an opportunity to meet the directress of nurses, Elizabeth Meyers. She assured them of her cooperation and interest.

South Dakota: THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at the Capitol Building, Pierre, on January 10 and 11, 1922. Applications must be filed with the secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination.

Tennessee: THE TENNESSEE STATE NURSES' ASSOCIATION has the following officers: President, Mrs. D. T. Gould, Nashville; vice-presidents, Mrs. G. A. Blair, Knoxville; Catherine Andrews, Lookout Mt., Chattanooga; secretary, Marie Peterson, Memphis; treasurer, Mary Hathcock Ford, Saunders Hospital, Knoxville; Ways and Means Committee, Nina Weston, Woman's Hospital, Nashville; Arrangement and Programme Committee, Ada Lawhon, Health Center, Knoxville; Publicity Committee, Mrs. E. Bowyer, Doctors Bldg., Nashville; National Relief Committee, N. Plevins, Pine Branch Sanatorium, Chattanooga; Revision Committee, Dixie Sample, Memphis; Nominating Committee, Myrtle Archer, Baptist Hospital, Memphis. DISTRICT No. 1, MEMPHIS, held its annual meeting on September 1, at Lindsey Hall, University of Tennessee. Officers elected are: President, Mrs. Theodore Hunn, Memphis; vice-presidents, Margaret Irby, Effie Ingram; secretary, Lena Lyon, Baptist Memorial Hospital, Memphis. Erin Parker has accepted a position as Staff Nurse at the Baptist Memorial Hospital, of which she is a graduate. The new million dollar Tri State Methodist Hospital held its formal opening November 1, with more than twenty-five thousand visitors during the day, opening November 2 for patients. The

superintendent of nurses is Elsie Smith, class of 1915, Baptist Memorial Hospital.

**Texas:** The next examinations of the State Board of Nurse Examiners will be held December 2 and 3 at El Paso, Austin, Dallas, Waco and Houston. The next meeting of the Board of Examiners will be held in Dallas, December 31. Eula Whitehouse, Secretary.

**West Virginia:** DISTRICT No. 1 held its second annual meeting in Clarksburg, October 22, at the Waldo Hotel. Mrs. R. J. Bullard presided in the absence of the district president. The morning was occupied with business and reports. Charlotte Harr was appointed chairman of the Nominating Committee and Jessie A. Clarke of the Committee on Resolutions. A luncheon was served at noon by the Graduate Nurses' Association of Clarksburg. During the afternoon session papers were given as follows: The Private Duty Nurse, Dr. H. E. Sloan; The Obligation of the Hospital to the Pupil Nurse, Jessie A. Clarke; Responsibilities and Opportunities of the Graduate Nurse, Charlotte Harr; Education of the Community in Public Health, Dr. S. L. Cherry; An Experience, Helen Fair; Child Health Campaign, Lena I. Allison; Value of a Venereal Clinic, Harriet Barry; Value of a Maternity Centre, Ruth Cushman; School Nursing, Hattie V. Long. Officers elected were: Chairman, Luella Ross, Warwood, (relected); vice-presidents, Maggie W. Davis, Clarksburg; Alice Moore, Wheeling; secretary-treasurer, W. Louise Kochert, Warwood, (relected); directors for three years, Sister M. Aquinas, Clarksburg, Nellie Cleary, Parkersburg, and Blanche Meeks, Fairmont. Private Duty Section: Chairman, Margaret Peterson, Weston, (relected); secretary, Sidney Moore, Parkersburg; directors, Mrs. Eva Woodruff, Wheeling; Beatrice Glancy, Wilsonburg; Loutricia Baker, Fairmont. Next place of meeting, Martinsburg. The St. Mary's Hospital Alumnae entertained with an informal reception and Halloween party from five to seven.

**Wisconsin:** Additional information regarding the state meeting. (An outline was published in the November JOURNAL.) The sessions were well attended, about 150 being present. The reports from the Districts showed that the nurses of the entire state have been most active during the past year, the activity being directed principally in one field, that is, in securing the passage of the new Nurses Bill through the State Legislature. The following officers were elected: President, Agnes Reid, Madison; vice-presidents, Ella Ingerson, LaCrosse, Bertha Schultz, Appleton; secretary, Minnie Getts, Emergency Hospital, Milwaukee; treasurer, Margaret Pakenham, Downer College, Milwaukee; directors, Sarah Connor, Neenah; Johann Mutchman, LaCrosse; Mary Hughes, Wausau; Sister M. Bonta, LaCrosse; Mrs. Eva Wolf, LaCrosse; Lavina Dietrickson, Jefferson; Nelly vanKooy, Madison. The STATE LEAGUE OF NURSING EDUCATION elected the following officers: President, Mrs. A. Northam, Wauwatosa; secretary, Regine White, Milwaukee. The section on Public Health Nursing elected the following officers: President, Mrs. Myra Kimball, LaCrosse; secretary, Agnes Martin, Milwaukee. The following delegates were appointed: Lavina Dietrickson, to the American Nurses' Association, Seattle; Nelly vanKooy, to the Wisconsin Anti-Tuberculosis Association; Misses Titus, Kowalka, vanKooy, Schultz, and Bell, to the Wisconsin Federation of Women's Clubs. The following pledges were made: Robb Memorial Fund, \$25; Wisconsin Anti-Tuberculosis Association, \$35; Relief Fund, \$50. THE THIRD DISTRICT ASSOCIATION gave a dinner at Madison, October 24, in honor of Adda Eldredge, sixty-four nurses being present. A nurses' luncheon was given in connection with the annual meeting of the Wisconsin Anti-Tuberculosis Association, in Milwaukee, thirty-six nurses being present. A round table for public health nurses was conducted

at that same meeting, about fifty being present. Mary O'Keefe, formerly county nurse of Calumet County, has accepted a position with the Madison Public Welfare Association as head of the Nursing Department. Theta Mead has accepted a position as Supervising Nurse with the Wisconsin State Board of Health, Bureau of Child Welfare and Public Health Nursing. Martha Smart, Chicago, has accepted the position of school nurse in Edgerton. Alma Ahlstrom, Barron, resigned as community nurse to accept work with the Red Cross in Poland. Emily Elliot has returned from the east and is again Director of Hygiene with the Madison public school. Anne Moth returned to Madison after serving one year with Base No. 22 in France, and two years with the regular army, having served in Siberia, Manila, China, and Russia.

Wyoming: THE WYOMING STATE BOARD OF NURSE EXAMINERS will hold its semi-annual examination in Cheyenne, December 5-7. Mrs. H. C. Olson, secretary.

### BIRTHS

(Birth and marriage notices must be dated and must be received within four months of their occurrence to be given space.—Ed.)

To Mrs. I. D. Auld (Agnes Holbrook Ashley, class 1912, Memorial Hospital, Richmond, Va.), a daughter, Mary Eugenie, October 30.

To Mrs. Leland Damsance (Grace E. Bennett, class 1912, Physicians' Hospital, Plattsburgh, N. Y.), a daughter, Frances Elizabeth, July 23.

To Mrs. J. Burr Piggott (Alice F. Bell, class 1907, University Hospital, Baltimore, Md.), a son, J. Burr, Jr., October 23.

To Mrs. Thomas Hogan (Edna Gibbs, class 1920, Methodist Episcopal Hospital, Brooklyn, N. Y.), a daughter, Vivian Irene, October 24.

To Mrs. Charles L. Devoe (Grace Goodrich, class 1917, Massachusetts Women's Hospital, Boston), a son, September 25.

To Mrs. F. B. Morrissey, (Elizabeth Haas, class 1919, St. Luke's Hospital, St. Paul, Minn.), a daughter, September 13.

To Mrs. Howard Evers (Lydia Hamilton, class 1914, Indianapolis City Hospital, Indianapolis), a daughter, Maude Ethel, October 30.

To Mrs. Frederick Campbell (Lillian Harvey, class 1912, Samaritan Hospital, Philadelphia), a son, October 10.

To Mrs. Charles Rhubarb (Laura S. Horner, class 1916, McKinley Memorial Hospital, Trenton, N. J.), twin boys, in September.

To Mrs. Fred Ingham (Martha Hunter, class 1919, Indiana Hospital, Indiana, Pa.), a son, September 23.

To Mrs. Codling (Anne McCahill, class 1919, Grace Hospital, Detroit), a son, October 29.

To Mrs. Horton (Ethel McCann, class 1916, Kings County Hospital, Brooklyn, N. Y.), a daughter, in October.

To Mrs. Kenneth McPherson (Dollan McKay, class 1912, Grace Hospital, Detroit), a daughter, Barbara Jean, September 27.

To Mrs. Joseph Althauson (Martha Murray, class 1911, People's Hospital, Chicago), a daughter, November 2.

To Mrs. George Garrison (Emily O'Neill, class 1915, Children's Homeopathic Hospital, Philadelphia), a daughter, October 24.

To Mrs. Charles Taker (Clara Richard, class 1917, Grace Hospital Detroit), a daughter, Mary Louise, September 1.

To Mrs. Alfred Orth (Mary Voss, class 1917, Lenox Hill Hospital, New York City), a son, Alfred Richard, October 23.

## MARRIAGES

Sarah Altman (Mercy Hospital, Chicago to Richard Korn, August 30. At home, Los Angeles, Calif.

Blanche Barnes (class 1917, St. Luke's Hospital, Cedar Rapids, Iowa) to G. E. Huddleston, September 19. At home, Boone, Iowa.

Helena Barthly (class 1916, St. John's Hospital, Springfield, Ill., to Egbert Emmert, August 5. At home, Springfield.

Helen Bates (class 1920, Frederick Ferris Thompson Hospital, Canandaigua, N. Y.) to John Allison, in September. At home, New York City.

Annette Baum (class 1917, St. Louis Baptist Hospital, St. Louis) to George L. Horst, August 16. At home, St. Louis.

Wava Beam (class 1921, Frederick Ferris Thompson Hospital, Canandaigua, N. Y.) to Clinton Bell, in September. At home, Elmira, N. Y.

Mary Elizabeth Benish (class 1919, Lenox Hill Hospital, New York) to Henry Walltrops, September 14.

Eleanor Harris Berkstresser (class 1916, University of Pennsylvania Hospital, Philadelphia) to Arthur S. Chillas, October 12.

Laura H. Blascoom (class 1919, Good Samaritan Hospital, Portland, Ore.) to Gerald C. Bishop, October 15.

Nellie Carlson (class 1917, Iowa Lutheran Hospital, Des Moines, to Clare L. Gardner, October 26. At home, Chicago.

Margaret C. Carmody (class 1912, McKinley Memorial Hospital, Trenton, N. J.) to James Collins, November 9. At home, Trenton.

Frida Cleaver (class 1919, Park Clinical Hospital, Rochester, N. Y.) to W. Woodworth, August 12.

Cora M. Davis to Arden Hay, October 29. At home, South Bend, Ind.

Kathryn DeBarth to Merritt Hutton, October 10, Spangler, Pa.

Clarissa Dillman (class 1918, Frederick Ferris Thompson Hospital, Canandaigua, N. Y.) to Henry Johnston, in September. At home, Canandaigua.

Elizabeth Dunn (graduate St. Joachim's Hospital, Watertown, N. Y.) to Louis Ward, August 2.

Dorothy Engelhardt (Allentown, Pa.) to Leo A. Kane, M.D., October 19. At home, Philadelphia.

Elizabeth Agnes Flannery (class 1902, Cincinnati General Hospital, Cincinnati, Ohio, and class 1906, General Memorial Hospital, New York) to William Joseph Curtis, November 24. At home, Perry, Iowa.

Elsie Goddard (class 1919, Methodist Episcopal Hospital, Brooklyn, N. Y.) to William E. Mandeville, August 31.

Isabel Deborah Grant (class 1915, Massachusetts Women's Hospital, Boston) to Edward Joseph Scott, October 17. At home, Great Barrington, Mass.

Florence Barbara Holdeman (class 1919, Mercy Hospital, Chicago) to Charles Edward Yates, October 18. At home, Quincy, Ill.

Flore Hensel (class 1914, Kings County Hospital, Brooklyn, N. Y.) to Adam Catterall, October 12.

Essel Holten (class 1920, City and County Hospital, St. Paul, Minn.) to John E. Murphy, October 22. At home, Minneapolis.

Ottillie Marie Hubschmitt (class 1917, Passaic General Hospital, Passaic, N. J.) to Charles A. Hoover, August 30. At home, near Gervais, Ore.

Anna Jensen (class 1920, Frederick Ferris Thompson Hospital, Canandaigua, N. Y.) to John Kelley, in October. At home, Canandaigua.

Helen E. Johns (class 1918, Hahnemann Hospital, Scranton, Pa.) to Edwin G. Saar, October 11. At home, Scranton.

Nannie Warren Jones (class 1920, Baptist Memorial Hospital, Memphis, Tenn.) to Royal Harrison, October 27. At home, Memphis.

Grace L. Jordan (class 1913, St. Joachim's Hospital, Watertown, N. Y.) to James H. Carnes, October 18. At home, Watertown, N. Y.

Floy Kellar (class 1920, St. Luke's Hospital, St. Paul, Minn.) to Norman Barden, M.D., October 5. At home, Minneapolis.

Ethel King (class 1920, Presbyterian Hospital, Chicago) to Gardner Black, M.D. At home, Pasadena, Calif.

Ruth L. Knapp (class 1914, St. Joachim's Hospital, Watertown, N. Y.) to Joseph F. Stout, September 19. At home, Troy, N. Y.

Laura Kreigh (class 1915, Hope Hospital, Fort Wayne, Ind.) to Clinton Sowards, August 9. At home, Warren, Ohio.

Theresa Legris (Mercy Hospital, Chicago) to John French, October 21. At home, Renfroe, Ont., Canada.

Mary McManman (Mercy Hospital, Chicago) to Major David Hannan, August 16. At home, Chicago.

Johanna MacNamara (Mercy Hospital, Chicago) to William Cochrane, August 10. At home, Ireland.

Katherine McNamara (Mercy Hospital, Chicago) to Peter Edmund Fagan, October 15. At home, Chicago.

Ollie Belle McWhorter (class 1921, Baptist Memorial Hospital, Memphis, Tenn.) to W. H. Harrison, August 21. At home, Marked Tree, Ark.

Martha Menke (class 1916, Research Hospital, Kansas City, Mo.) to O. W. From, July. At home, Toronto, Canada.

Sarah M. Mehler (class 1918, Mercy Hospital, Chicago) to Dr. Chianon, September 22. At home, Phoenix, Ariz.

Margaret Mulford (class 1920, Children's Homeopathic Hospital, Philadelphia) to Jerry Ross, October 26. At home, Philadelphia.

Ethel Irene Paul (class 1920, Springfield Hospital, Springfield, Mass.) to Frank M. Huckins, October 18. At home, Springfield.

E. Reese (class 1916, Bayonne Hospital, Bayonne, N. J.) to R. Patterson, September 3. At home, Bayonne, N. J.

Anna Minerva Rhoads (class 1919, Lankenau Hospital, Philadelphia) to Allan Cunningham, October 4.

Betty Richards (class 1919, Allegheny General Hospital, Pittsburgh) to Louis Kridel, M.D., October 18. At home, Pittsburgh.

Isabel Richardson (class 1921, Frederick Ferris Thompson Hospital, Canandaigua, N. Y.) to Harley Lovejoy, in September. At home, Victor, N. Y.

Gretchen E. Rutishauser (graduate Clifton Springs Sanitarium, Clifton Springs, N. Y.) to Joseph W. Springer, M.D., in September.

Dora Catherine Schatz (class 1919, Lankenau Hospital, Philadelphia) to William Preston Creekmur, M.D., October 11. At home, Philadelphia.

Elizabeth M. Sheldon (class 1920, Clifton Springs Sanitarium, Clifton Springs, N. Y.) to James E. Ferris, M.D., October 22. At home, Marcus Hook, Pa.

Lillian M. Shetty (class 1919, Lankenau Hospital, Philadelphia) to I. H. Capenau, September 28. At home, Wilmington, Del.

Adda May Walters (class 1917, Allegheny General Hospital, Pittsburgh) to Tarleton Smith Bean, October 1. At home, Carnegie, Pa.

Helen Williams (class 1921, St. Louis Baptist Hospital, St. Louis) to Edwin Fricke, September 3. At home, St. Louis.

Laura Welfram (class 1917, Milwaukee Passavant Hospital, Milwaukee, Wis.) to James H. Williamson, August 25. At home, Milwaukee.

## DEATHS

[A Correction—A deplorable mistake occurred in the November *Journal* in the announcement of death by accident of Emily M. Smaling. We are happy to announce that Miss Smaling is alive and in good health. The item was sent to the *Journal* by a Philadelphia correspondent, who gave her name and address. We had no reason to doubt its accuracy. We apologize to Miss Smaling and to her friends. Ed.]

Sister Mary Victoria Beane, on October 3, at Mercy Hospital, Chicago, at the age of 83. She was the last of the first Sisters of Mercy who opened Mercy Hospital in 1850 and was the first nurse to work in the hospital. She nursed the sick during two cholera epidemics with heroic devotion, and for forty years she was in constant attendance on the sick in the institution. One hundred nurses formed a guard of honor at her funeral and the staff attended in a body. The honorary pall-bearers were the internes who served in the hospital fifty years ago. Her life was an example of untiring devotion to the sick and afflicted.

Jean Bowen (graduate of the Cincinnati Hospital Training School), at the General Hospital, Cincinnati, November 8. As a Red Cross reserve nurse, Miss Bowen served with Base Hospital No. 35 in the World War. Her death was due to typhoid fever contracted from a patient for whom she had been caring at Blanchester, O., her first duty after a six months' rest at her home, Hamilton, Ontario, Canada.

Mrs. Horace Fleming (Ethel Mae Cunningham, class of 1918, South Side Hospital, Pittsburgh), on October 15, at Cresson, Pa. Burial was at Pittsburgh.

Mary Durnin (class of 1900, Danbury Hospital, Danbury, Conn.), at the Danbury Hospital, October 22, 1921. Miss Durnin had not been in good health during the past four years, the cause of her illness being obscure. A week before her death, she underwent an operation which disclosed a diverticulum of the intestine. Three days later a septic peritonitis developed, which caused her death. She bore her illness with fortitude, and until the very last showed a wonderful spirit of patience and courage. Up to the last her thoughts were entirely for others. She said to her friends that she did not want to die, not that she was afraid, but because she still had so much work to do. This attitude reflected one of the strongest characteristics of Miss Durnin. Her greatest desire was to help make the Danbury Hospital an institution better able and qualified to minister to the needs of the community. For ten years after graduation she practiced private nursing. In 1910, she entered the hospital as an assistant. In 1913, she was chosen superintendent, which office she successfully filled until her death. She was a charter member of the Danbury Hospital Alumnae and always displayed great interest in its work. She will be greatly missed, not only by the hospital, but by the nurses and the entire community.

Mary R. Harold (class 1904, Metropolitan Hospital School of Nursing, Welfare Island), New York). Miss Harold was run down by an automobile, on her return from Legion Meeting, on the night of October 14. She lived only about one hour after the accident. Miss Harold was known as a conscientious and earnest worker. She will be greatly missed by her friends and associates.

Alice N. Hemingway, February 7, at the Corning Hospital, Corning, N. Y., of which she was superintendent.

Mrs. Harold Pierson (Helen McPherson, class 1911, Jackson Health Resort, Danville, N. Y.), on November 2, following an operation, death being due to embolism. During the war Mrs. Pierson served with the Base Hospital, Camp Lee, Pittsburgh. As a private duty nurse she was most successful and was

loved by all who knew her. She will be greatly missed, especially in Binghamton, where she lived for several years, and where the funeral was held.

Mrs. William D. Parker (Mary Brooks Merrick, class of 1896, Bellevue Hospital), on September 21, at her home in Ottawa.

Lida Perkins (class of 1893, Bellevue Hospital), at Bellevue Hospital, New York, on September 27, after a short illness. Services were held at Osborn Hall. Burial was in Maine.

Julia May Rigby (class of 1917, Allegheny General Hospital, Pittsburgh), in September, after a long illness.

Mrs. Royal Gates Dearen (Neva Rogers, class of 1917, Rex Hospital, Raleigh, N. C.), on October 7, at Rex Hospital, of an embolism following severe eclampsia. Mrs. Dearen served during the war at Camp Taylor, Louisville, Ky., and later in France with Base Hospital 65. She was invalided home in 1919. All those who knew Mrs. Dearen will recall her amiable disposition, full of sunshine, and her efficiency as a nurse. Her death is a distinct loss and is mourned by her host of friends. Her husband and infant son survive.

Katherine Rooney (class of 1902, Danbury Hospital, Danbury, Conn.), on July 25, at her home in Danbury. Miss Rooney was for years a faithful officer of the Graduate Nurses' Association, having helped in its organization. She had devoted her life to private duty nursing and was unselfish, conscientious,—a true nurse and a true friend.

Minnie Vayne (graduate of St. Luke's Hospital, Fargo, N. D.), on October 15, following a short illness of diabetes. Miss Vayne had given four years of faithful service in the nursing world. She was loved and respected by all who came in contact with her. She leaves a host of sorrowing friends.

Leah A. Wise (graduate of the School of Nursing of the Hospitals of the University of Pennsylvania), on September 29. Miss Wise was a member of Legion Post 412. She was an untiring worker and an able executive.

Grace O'Brien Wyly (graduate of Mercy Hospital, Chicago), suddenly, at her home in Phoenix, Arizona.

A further tribute to Pauline L. Dolliver: from Margaret W. Stevenson.—  
 "With the passing of Pauline L. Dolliver we have lost, and shall long mourn one of our most inspiring, as well as one of the most distinguished members of the nursing profession. Her work in the nursing world has been so well known that it seems scarcely necessary to go into detail, and I shall only say that in any position held by her, whether in private duty, or as the head of a training school, or other organization, she gave unfailingly and unsparingly of her best. What is perhaps less generally well known of her, is another side of her character, a deeply spiritual side, which enabled her to understand, and to sympathize with, so many phases of life, which otherwise might have remained unrevealed to her. Her knowledge of human nature, her keen judgment of character, and her great sense of justice, ever tempered by gentleness, enabled her to face and to solve many a difficult problem for herself as well as for others. She never lost sight of that vision, without which 'the people perish,' and of her, more than of anyone I have ever known, might these lines of Browning's have been written:

'One who never turned his back but marched straight forward,  
 Never doubted clouds would break,  
 Never dreamed, though right were worsted, wrong would triumph,  
 Held we fall to rise, are baffled to fight better,  
 Sleep to wake.'"

## ABSTRACTS

### SOME PROBLEMS OF NURSING EDUCATION

BY LINSLEY R. WILLIAMS, M.D.

(From *Health News*, September, 1921, New York State Department of Health)

**T**HIS is an excellent analysis by a physician of the historical development of the profession, and of the present demands made upon it for "Not all of the criticisms of present day nursing are valid, but they are of sufficient importance to warrant investigation." Dr. Williams says, "It is believed that the average intelligent young woman of high school education can gain a sufficient amount of practical training within two years to become a well trained nurse." It can not be done if the nurses are exploited by the hospitals. It can be accomplished only by the proper utilization of the pupil nurse's time. The first problem to be decided is the pupil nurse's status, whether she is an underpaid employee of the hospital or a student in a nurse training school. If she is to be a student in a training school she will learn far more in two years than she can in three years in some existing hospital schools. Properly to employ the time of the pupil nurse there must be hearty coöperation between medical staff, nurse instructing staff, and hospital administration. The medical staff should permit certain nursing duties to be performed during the visits of the internes and of the visiting staff; the students' time should not be given up uselessly to watching demonstrations for medical students; and physicians should remember that only one nurse is needed to help apply an auscultation cloth. There is frequently too much time occupied by pupils in dusting, cleaning and bed making. After the pupil has once learned the importance of cleanliness in everything that pertains to the patient, and learned the art of bed making and cleaning a medicine closet, she need not continue this work daily throughout her entire course, but ward maids should be employed to assist in such non-educational work. Hours can then be shortened and pupils given opportunity for study and class work during the daytime. In order to remedy the obvious defects in many of the present schools, training courses *should be organized outside of the hospital (italics ours)*, perhaps by the universities or medical schools, or by an independent organization; and arrangements made with the hospitals for paying the school a definite sum for nursing, which should be sufficient to cover the cost of maintenance of the pupils, and also an additional sum for the services rendered." Dr. Williams believes that it is

possible to put all of the fundamentals of good bedside or visiting nursing in two years, and that the schools should provide an elective third year for those who wish to specialize in various types of administration. However, he states that such a plan is not feasible unless "the school can utilize the hospital as a teaching center, instead of the hospital utilizing the school for nursing service. Neither is it feasible unless the plan has the hearty coöperation of hospital managers, medical faculties, training school superintendents, and hospital physicians."

#### TO PUSH NATIONAL LEGISLATION FOR PHYSICAL EDUCATION

It has been announced that the Amended Fess-Capper Bill, H.R. 22-5416, is to be actively considered during the coming regular session of Congress, meeting in December. This is the legislation which proposes that the National Government shall coöperate with the States in the establishment of a nation-wide programme of physical education, health supervision, and nursing service in the schools.

Both major political parties favored this sort of legislation in the profection campaigns and the Republican Party Platform contained the following declaration:

"A thorough system of physical education for all children up to the age of 19, including adequate health supervision and instruction, would remedy conditions revealed by the draft and would add to the economic and industrial strength of the nation. National leadership and stimulation will be necessary to induce the States to adopt a wise system of physical training."

Members of Congress have already been impressed with the fact that support for this legislation comes from a large number of health, educational, civic and fraternal organizations. The facts brought out by the Provost Marshal General regarding the physical condition of the draftees in the late war have aroused a universal popular interest in this subject. It is now well understood that the school should not only be a place for training the mind, but a place for training and protecting bodily health as well. The method proposed in the Amended Fess-Capper Bill is similar to that in which the Federal Government now coöperates in preventing forest fires, promoting agriculture, and building good roads.

Full information about the Campaign for Universal Physical Education in the Schools can be obtained from the National Physical Education Service, 309 Homer Building, 13th and F Streets, N. W., Washington, D. C.

## OFFICIAL DIRECTORY

**Headquarters National Nursing Association.**—370 Seventh Avenue, New York City. Office Director, R. Inde Albaugh, R.N.

**The American Journal of Nursing Company.**—President, S. Lillian Clayton, R.N., Philadelphia General Hospital, Philadelphia, Pa. Secretary, Elsie M. Lawler, R.N., Johns Hopkins Hospital, Baltimore, Md. Editorial Office, 19 West Main Street, Rochester, N. Y.

**The American Nurses' Association.**—President, Clara D. Noyes, R.N., 1728 M. Street, N. W., Washington, D. C. Secretary, Katharine DeWitt, R.N., 19 West Main Street, Rochester, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 14 East 50th Street, New York, N. Y. Sections: Private Duty, Chairman, Frances M. Ott, R.N., Morocco, Ind. Mental Hygiene, Chairman, Einora E. Thomson, R.N., School of Social Work, Portland, Ore. Legislation, Chairman, Roberta M. West, R.N., Room 150, 34 S. 17th Street, Philadelphia, Pa. Committee on Revision, Chairman, Sarah E. Sly, R.N., Birmingham, Mich. Relief Fund Committee, Chairman, Elizabeth E. Golding, R.N., 317 West 45th Street, New York, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 14 East 50th Street, New York, N. Y.

**The National League of Nursing Education.**—President, Anna C. Jammé, R.N., 213 Lachman Building, San Francisco, Calif. Secretary, Martha M. Russell, R.N., University Hospital, Boulder, Colo. Treasurer, Bena M. Henderson, R.N., Children's Memorial Hospital, Chicago, Ill.

**The National Organization for Public Health Nursing.**—President, Elizabeth G. Fox, R.N., 3806 14th Street, N. W., Washington, D. C. Director, Florence M. Patterson, R.N., 370 Seventh Avenue, New York.

**Isabel Hampton Robb Memorial Fund Committee.**—Chairman, Elsie M. Lawler, R.N., Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls, Mass.

**Director, Department of Nursing, American Red Cross.**—Clara D. Noyes, R.N., Care American Red Cross, Washington, D. C.

**Army Nurse Corps, U. S. A.**—Superintendent, Major Julia C. Stimson, R.N., Office of the Surgeon General, Army Nurse Corps Division, War Department, 19th and B Streets, Washington, D. C.

**Navy Nurse Corps, U. S. N.**—Superintendent, Lenah S. Higbee, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

**U. S. Public Health Service Nurse Corps.**—Superintendent, Lucy Minnigerode, R.N., Ohio Avenue and 15th Street, N. W., Washington, D. C.

**Department of Nursing and Health, Teachers College, New York.**—Director, M. Adelaide Nutting, R.N., Teachers College, Columbia University.

### STATE ORGANIZATIONS OF NURSES

**Alabama.**—President, Eunice Ward, 707 Washington Street, Montgomery. Secretary, Catherine A. Moulis, R.N., 1032 Elm Street, Birmingham. President examining board, Lemoine Phares, R.N., Inge-Bondurant Sanitarium, Mobile. Secretary, Helen MacLean, R.N., 2430 North 11th Avenue, Birmingham.

**Arizona.**—President, H. Grace Franklin, Globe. Secretary, Gertrude F. Russell, State House, Phoenix. President examining board, H. Grace Franklin, Globe. Secretary-treasurer, Gertrude F. Russell, State House, Phoenix.

**Arkansas.**—President, Mrs. Virginia Miesenhimer, Pine Bluff. Secretary, Blanche Tomaszewski, Pine Bluff. President examining board, M. D. Ogden, M.D., Little Rock. Secretary-treasurer, Frankie Hutchinson, R.N., St. Vincent's Infirmary, Little Rock.

**California.**—President, Mrs. E. B. Conzelmann, State Hospital, Stockton. Secretary, Mrs. J. H. Taylor, R.N., Route A, Galt. Director, Bureau of Registration of Nurses, Anna C. Jammé, R.N., 213 Lachman Building, San Francisco.

**Colorado.**—President, Mrs. Oca Cushman, R.N., Children's Hospital, Denver. Secretary, Jessie Stewart, 220 E. Yampa Street, Colorado Springs. President examining board, Mary E. Eyre, R.N., Minnequa Hospital, Pueblo. Secretary, Louise Ferris, R.N., 518 Kittredge Building, Denver.

**Connecticut.**—President, Harriet E. Gregory, R.N., 75 Elmwood Avenue, Waterbury. Secretary, Winifred LaFontaine, R.N., 700 Prospect Street, New Haven. President examining board, Martha P. Wilkinson, R.N., 84 Charter Oak Avenue, Hartford. Secretary, Miss Winifred A. Hart, R.N., 100 Boston Avenue, Bridgeport.

**Delaware.**—President, Mary A. Moran, R.N., 1313 Clayton Street, Wilmington. Secretary, Anna W. Jones, R.N., 911 Delaware Avenue, Wilmington. President examining board, Frank E. Pierson, M.D., 1007 Jefferson Street, Wilmington. Secretary, Mary A. Moran, R.N., 1313 Clayton Street, Wilmington.

**District of Columbia.**—President, Ida F. Butler, R.N., American Red Cross, Washington. Secretary, Kathryn Hankins, Sibley Hospital, Washington. President examining board, Elizabeth G. Fox, R.N., 3500 14th St., N. W., Washington. Secretary-treasurer, Margaret Hutchinson, 1337 K Street, N. W., Washington.

**Florida.**—President, Lillian Hollohan, Morton F. Plant Hospital, Clearwater. Secretary, Mary D. Conoley, Morrell Memorial Hospital, Lakeland. President examining board, Anna L. Felting, R.N., Box 196, Miami. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

**Georgia.**—President, Virginia P. Gibbs, R.N., County Board of Health, Marietta. Secretary, Chloe Jackson, R.N., 131 Capital Place, Atlanta. President examining board, Jane Van De Vrede, R.N., 464 North Boulevard, Atlanta. Secretary and treasurer, Jean Harrell, R.N., 110 Luckie Street, Atlanta.

**Idaho.**—President, Mrs. George S. Meier, 1318 State Street, Boise. Secretary, Mabel Minear, 512 North 12th St., Boise. Department of Law Enforcement, Bureau of Licenses, Examiner, Napina Hanley, R.N., State Capitol, Boise.

**Illinois.**—President, Ada Belle McCleery, R.N., Evanston Hospital, Evanston. Secretary, Nellie M. Criss, R.N., Hahnemann Hospital, Chicago. Superintendent of Registration, Fred C. Dodda, State Capitol, Springfield.

**Indiana.**—President, June Gray, 413 Chamber of Commerce Bldg., Indianapolis. Secretary, Mrs. Mabel Scott Huggins, Utomin Apts., Indianapolis. President examining board, Nellie G. Brown, R.N., Robert W. Long Hospital, Indianapolis. Secretary, Ida J. McCaslin, R.N., 501 East Noble Street, Lebanon.

**Iowa.**—President, Amy Beers, Jefferson County Hospital, Fairfield. Secretary, Lola G. Yerkes, Extension Department, State University, Iowa City. President examining board, Dr. Launder.

**Kansas.**—President, Mrs. Alma R. O'Keefe, R.N., 1251 N. Lawrence Avenue, Wichita. Secretary, Sister Mary Helena, R.N., St. Barnabas Hospital, Salina. President examining board, Sister Catherine Voth, Newton. Secretary-treasurer, Sister Mary Helena, R.N., St. Barnabas Hospital, Salina.

**Kentucky.**—President, Harriet Cleck, R.N., 148 Forest Ave., Lexington. Corresponding secretary, Virginia P. Martin, 227 North Upper Street, Lexington. President examining board, Sophia F. Steinhauer, R.N., Spears Memorial Hospital, Dayton. Secretary, Flora E. Keen, R.N., Somerset.

**Louisiana.**—President, Mrs. J. E. Haley, 7925 Plum Street, New Orleans. Secretary, Mary C. Gillespie, Charity Hospital, New Orleans. President examining board, J. T. Crebbin, M.D., 1207 Maison Blanche Building, New Orleans. Secretary, J. S. Hebert, M.D., 1151 Maison Blanche Building, New Orleans.

**Maine.**—President, Margaret Dearness, Maine General Hospital, Portland. Secretary, Louise Hopkins, 246 Essex Street, Bangor. President examining board, Margaret M. Dearness, R.N., Maine General Hospital, Portland. Secretary-treasurer, Rachel A. Metcalfe, R.N., Central Maine General Hospital, Lewiston.

**Maryland.**—President, Elsie M. Lawler, R.N., Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, R.N., 1211 Cathedral Street, Baltimore. President examining board, Helen C. Bartlett, R.N., 604 Reservoir Street, Baltimore. Secretary and treasurer, Mary Cary Packard, R.N., 1211 Cathedral Street, Baltimore.

**Massachusetts.**—President, Carrie M. Hall, R.N., Peter Bent Brigham Hospital, Boston. Corresponding secretary, Mary E. P. Davis, R.N., 19 Hoyle Street, Norwood. President examining board, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls. Secretary, Walter P. Bowers, M.D., State House, Boston.

**Michigan.**—President, Anna M. Schill, R.N., Hurley Hospital, Flint. Corresponding secretary, Elba L. Morse, Sandusky. President examining board, Richard M. Olla, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, Sixth floor, New State Building, Lansing.

**Minnesota.**—President, Irene English, R.N., Northern Pacific Hospital, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul. President examining board, Jennette M. McLaren, M.D., 803 Lowry Building, St. Paul. Secretary, Dora Cornelisen, Old State Capitol, St. Paul.

**Mississippi.**—President, Bessie O. Brougber, City Hall, Jackson. Secretary, Mrs. James A. Cameron, R.N., 511 Bay Street, Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Jane P. Cox, R.N., 708 Main Street, Natchez.

**Missouri.**—President, Mance Taylor, R.N., Parker Memorial Hospital, Columbia. Secretary, Saldee M. Hausmann, Parker Memorial Hospital, Columbia. President examining board, M. Anna Gillis, R.N., City Hospital, St. Louis. Secretary-treasurer, Helen Wood, R.N., 600 S. Kinghighway, St. Louis.

**Montana.**—President, Mrs. Emily Covert Heaton, Billings. Secretary, Margaret Irish, R.N., 618 North 23rd Street, Billings. President examining board, E. Augusta Ariss, R.N., Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, R.N., Box 928, Helena.

**Nebraska.**—President, Lulu Abbott, R.N., 847 North 26th Street, Lincoln. Secretary, Cora E. Higgins, 2100 South Street, Lincoln. Bureau of Examining Boards, Secretary, H. H. Antles, Department of Public Welfare, State House, Lincoln.

**Nevada.**—President, Mary Evans, County Hospital, Reno. Secretary, Mrs. Fannie Doty, 41 West First Street, Reno.

**New Hampshire.**—President, Anna C. Lockerby, Laconia Hospital, Laconia. Secretary, Nora McQuade, 368 Lowell Street, Manchester. President examining board, Mae Morrison, Whitefield. Secretary, Ednah Cameron, R.N., 8 North State Street, Concord.

**New Jersey.**—President, Elizabeth J. Higbid, R.N., 449 Van Houten Street, Paterson. Secretary, Mabel Graham, 957 Boulevard, Weehawken. President examining board, Mary J. Stone, R.N., Room 302 McFadden Building, Hackensack. Secretary-treasurer, Elizabeth J. Higbid, R.N., Room 302 McFadden Building, Hackensack.

**New York.**—President, Alice Shepard Gilman, R.N., Samaritan Hospital, Troy. Secretary, Mrs. Julia W. Kline, R.N., 546 Rugby Road, Brooklyn. President examining board, Lydia E. Anderson, R.N., 461 Washington Avenue, Brooklyn. Secretary, Elizabeth C. Burgess, R.N., State Education Building, Albany.

**North Carolina.**—President, Mrs. Dorothy Hayden, Greensboro. Secretary, Anna Howerton, Charlotte. President examining board, Lois A. Toomer, R.N., 123 South 4th Street, Wilmington. Secretary-treasurer, Effie Cain, R.N., 1206 Fulton Street, Salisbury.

**North Dakota.**—President, Josephine Stennes, R.N., Good Samaritan Hospital, Rugby. Corresponding secretary, Esther Teichmann, R.N., 720 South 5th Street, Fargo. President examining board, Ethel Stanford, R.N., 703 South 4th Street, Fargo. Secretary, Mildred Clark, R.N., General Hospital, Devil's Lake.

**Ohio.**—President, Laura R. Logan, R.N., Cincinnati General Hospital, Cincinnati. Secretary, Rose K. Steinmetz, R.N., 96 Dick Street, Akron. Chief examiner, Augusta M. Condit, Hartman Hotel Building, Columbus. Secretary, Dr. H. M. Platter, Hartman Hotel Building, Columbus.

**Oklahoma.**—President, Olive Salmon, R.N., 315 Oklahoma Bldg., Oklahoma City. Secretary, Sister Mary Lacia, St. Anthony's Hospital, Oklahoma City. President examining board, Mrs. J. W. Scroggs, R.N., 324 West Gray Street, Norman. Secretary-treasurer, Lela Carr, 915 West 23d Street, Oklahoma City.

**Oregon.**—President, Grace Phelps, 616 Lovejoy Street, Portland. Secretary, Effie Yest, St. Vincent's Hospital, Portland. President examining board, Jane V. Doyle, R.N., 507 Gasco Building, Portland. Secretary-treasurer, Mrs. O. E. Osborne, R.N., 512 Oakdale Avenue, Medford.

**Pennsylvania.**—President, Margaret A. Dunlop, R.N., Pennsylvania Hospital, Philadelphia. Secretary-treasurer, Williamina Duncan, R.N., 3440 Bates Street, Pittsburgh. President examining board, Albert M. Blackburn, M.D., 84 South 17th Street, Philadelphia. Secretary-treasurer, Roberts M. West, R.N., 34 South 17th Street, Philadelphia.

**Rhode Island.**—President, Lucy C. Ayres, R.N., Woonsocket Hospital, Woonsocket. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayres, R.N., Woonsocket Hospital, Woonsocket.

**South Carolina.**—President, Jane H. Fraser, 1833 Richland Street, Columbia. Secretary, Laura Blackburn, R.N., 1121 Gervais Street, Columbia. Secretary, board of nurse examiners, A. Earl Booser, M.D., Columbia.

**South Dakota.**—President, Lillian Zimpher, R.N., Aberdeen. Corresponding secretary, Carrie E. Clift, R.N., Rapid City. President examining board, Clara S. Ingvalson, R.N., Flandreau. Secretary-treasurer, Mrs. Elizabeth Dryborough, R.N., Rapid City.

**Tennessee.**—President, Mrs. Dorsey T. Gould, R.N., 1805 Edgewood Place, Nashville. Secretary, Marie Peterson, R.N., 879 Madison Avenue, Memphis. President examining board, Willie M. McInnis, R.N., University of Tennessee, Memphis. Secretary-treasurer, Dr. Reese Patterson, Knoxville.

**Texas.**—President, Helen Holliday, Baylor Hospital, Dallas. Secretary, A. Louise Dietrich, R.N., 1001 E. Nevada Street, El Paso. President examining board, Helen T. Holliday, Baylor Hospital, Dallas. Secretary, Eula Whitehouse, Municipal Hospital, Houston.

**Utah.**—President, Mrs. N. F. W. Crossland, R.N., St. Mark's Hospital, Salt Lake City. Secretary, Alice Hubbard, R.N., Salt Lake County Hospital, Salt Lake City.

**Vermont.**—President, Elizabeth Van Patten, R.N., 433 E. Union Street, Burlington. Secretary, Mrs. Rose A. Lawler, Springfield. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Mary G. Kane, R.N., Montpelier.

**Virginia.**—President, Anne Gully, R.N., Leesburg. Secretary, L. L. Odum, R.N., Sarah Leigh Hospital, Norfolk. President examining board, Virginia Thacker, R.N., Lewis-Gale Hospital, Roanoke. Secretary-treasurer, Ethel Smith, R.N., Boland Avenue, Norfolk.

**Washington.**—President, Mrs. M. W. McKinney, R.N., 5502 14th Street, N. E., Seattle. Secretary, Katherine Major, R.N., King County Hospital, Seattle. President examining board, Mrs. Ella Harrison, R.N., 809 5th Avenue, Seattle. Secretary, Mae Mead, R.N., State Normal School, Bellingham.

**West Virginia.**—President, Mrs. Susan Cook, R.N., Lock Box 457, Wheeling; home address, Bridgeport, Ohio. Secretary-treasurer, Mrs. R. J. Ballard, R.N., Lock Box 457, Wheeling; home address, 510 Catawba Street, Martin's Ferry, Ohio. President examining board, Frank LeMoyné Hupp, M.D., Wheeling. Secretary, Jessie A. Clarke, Ohio Valley General Hospital, Wheeling.

**Wisconsin.**—President, Agnes W. Reid, Bradley Memorial Hospital, Madison. Secretary, Minna Getts, Emergency Hospital, Milwaukee. Secretary examining board, Adda Eldredge, State Board of Health, Madison.

**Wyoming.**—President, May Stanley, R.N., Rock Springs. Secretary, Etta Linn, R.N., Box 1125, Cheyenne. President examining board, S. J. McKenzie, R.N., St. John's Hospital, Cheyenne. Secretary, Mrs. H. C. Olson, R.N., 605 East 21st Street, Cheyenne.

#### TERRITORIAL ASSOCIATION

**Hawaii.**—President, Janet Dewar, Children's Hospital, Honolulu. Secretary, Mabel L. Smyth, Palama Settlement, Honolulu.